

Rock Island-Milan School District 41

VENDOR NAME: Tri State Travel **EMAIL:** ekaiser@tristatetravel.com
ADDRESS: 530 W 76th St Davenport, IA 52806

DATES OF SERVICE TO BE COMPLETED: 2025-2026 Season

SCHOOL DISTRICT CONTACT: Mike Emendorfer

COMPENSATION: \$ not to exceed 70,000

DESCRIPTION OF DUTIES:

Transportation to and from Event's.

Is this a Subscription/Software: Yes ☐ or No ☒

NO, go to next section. If YES, complete below, then go to next section (no vendor signature)

Subscription/Software Name: _____ **Website:** _____

Subscription/Software Start Date: _____ **End Date:** _____

OPPA Approved: Yes ☐ or No ☐

Requesting School: RIHS, EJHS, WJHS

Budget Code: 1-5-100-000-1501-3250

Signature of Vendor: Celeste Cook **Date:** 6/16/2025

Signature of Budget Administrator: [Signature] **Date:** 7-15-25

Superintendent or School Board President

Date