



CHANGES TO EXISTING BUS ROUTE

CONTRACTOR _____ **DATE** _____ **BUS SIZE** _____ **ROUTE #** _____

I hereby request authorization for the following changes to existing route as specified below:

DATE OF CHANGE	# OF KM'S ADDED OR DELETED	PICK UP #	LEGAL DESCRIPTION OF PICK UP POINT	NAME OF STUDENTS ADDED OR DELETED	PARENT'S NAMES	PHONE NUMBER	SCHOOL ATTENDED	GRADE	REASON FOR CHANGE

NOTE: Please complete this form for any changes pertaining to mileage or students. This will assist in keeping our records up to date.

I hereby certify to the best of my knowledge and belief that the information provided on this form is correct.

Contractors Signature: _____

Date: _____

Verified by Transportation Department: _____

Adjustment Needed in Payroll (over 4km/day): Yes _____ km

Date Verified: _____

No _____ km