

**New York State Education Department
Office of Educational Management
Room 475, EBA, Washington Avenue, Albany, NY 12234
Phone: (518) 474-6541 / Email: transportation@nysed.gov**

SCHOOL BUS LEASE CHECKLIST

School District Name: _____

School District Address: _____

Contact Person: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

- TYPE** of Lease: 1 year or less (requires board resolution)
 >1 year (**Requires Voter Authorization**; cannot exceed 5 years)
 Emergency

TERM of Lease: ____/____/____ to ____/____/____ (**NOTE:** 1-year lease must start and end in same school year)

DESCRIPTION of Bus(es):

<u>Quantity</u>	<u>Year</u>	<u>Model</u>	<u>Bus#</u>	<u>VIN#</u>	<u>Passenger Capacity</u>	<u>Cost</u> <small>(no residuals)</small>
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SUBMISSION REQUIREMENTS

- Original Copy of Lease Agreement, including invoice
- Ad & Affidavit of Competitive Bid Publication
- Copy of Board Resolution (1 year or less) or Voter Authorization (> 1 year)

FOR SED USE ONLY	APPROVAL
Rec'd: _____ Approved by: _____ Date: _____	
FOR SED USE ONLY	DISAPPROVAL
Rec'd: _____ Approved by: _____ Date: _____	
Reason for Disapproval: _____	