

APPLICATION FOR APPROVAL OF THE PURCHASE OF COMPUTERIZED BUS ROUTING PROGRAM SYSTEM

School District: _____

Contact Person: _____ Email: _____

Mailing Address: _____ Phone: _____
Street

City State Zip Code

1. Approval is requested for the purchase of computerized bus routing system for the following school year, at the following estimated cost.

School Year: 20 ____ - 20 ____ Cost: \$ _____

2. Was computerized routing used in prior school years? Yes _____ No _____

If your answer is yes, in which school year was the previous program purchased?

School Year: 20 ____ - 20 ____

3. Description of the estimated savings anticipated in the three years commencing in the year for which this application is made.

(a) Estimated Savings: \$ _____

or

- (b) Anticipated reductions in number of buses, routes, or distances traveled:

BUSES: _____

MILES: _____

ROUTES: _____

OTHER: _____

Date: _____ Signature: _____

Superintendent of Schools or School Business Official

Please **PROVIDE SUPPORTING DOCUMENTATION** (invoices, BOE minutes, etc.) and **MAIL** to: The New York State Education Department, Pupil Transportation Unit, Room 475 EBA or fax to (518) 474-1983 or EMAIL a **PDF** to: Paul.Overbaugh@nysed.gov.

EDUCATION DEPARTMENT USE ONLY

Approved ___ Disapproved ___ By _____ Date: _____