

# APPLICATION FOR APPROVAL OF THE PURCHASE OF COMPUTERIZED BUS ROUTING SERVICES

School District: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip Code

1. Approval is requested for the purchase of computerized bus routing services 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: 19 \_\_\_\_ - 19 \_\_\_\_

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

## EDUCATION DEPARTMENT USE ONLY

Approved \_\_\_\_ Disapproved \_\_\_\_ By \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to: The Pupil Transportation Unit, Office of Educational Management Services, Room 475 EBA (518) 474-1983  
or [email](mailto:Mary.Sansaricq@nysed.gov) a **PDF** to: [Mary.Sansaricq@nysed.gov](mailto:Mary.Sansaricq@nysed.gov).