

**New York State Education Department
Office of Educational Management Services
Room 475 EBA
Albany, New York 12234
Phone: (518) 474-6541 / Fax: (518) 474-1983**

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 the same school year)

BUS DESCRIPTION:

<u>Quantity</u>	<u>Year</u>	<u>Model</u>	<u>Passenger Capacity</u>	<u>Total Cost</u>
------------------------	--------------------	---------------------	----------------------------------	--------------------------

SUBMISSION REQUIREMENTS

- Original Copy of Lease Agreement
- Affidavit of Publication
- Copy of Board Resolution or Voter Authorization

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