

**New York State Education Department  
Pupil Transportation Unit  
Room 1075, EBA, 89 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):

Quantity	Year	Model	Bus#	VIN#	Passenger Capacity	Cost (no residuals)
						\$
						\$
						\$

**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)

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