

THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 1223 Office of School Governance, Policy, and Religious & Independent Schools

Room 1075, Education Building Annex

Tel: (518) 474-6541

Email: transportation@nysed.gov

Contract Amendment Form

Please Select the type	of contract y	ou are amending:	
Transportation Contract (TC): Transportation Contract Extension (TCE):			
Transportation Contract Summer (TCS): Contract Extension Summer (CES):			
Contract Label:			
Contract Number:			
	(CONTRACT DESCRIPTION	CONTRACT TYPE
Contract Identity:			
Agreement Date:			
Contract Begin Date:			
Contract End Date:			
Original Contract Amount:			
Amended Contract Amount:			
Justification:			
IN WITNESS WHERE	OF, the partie	es below have set their hands the da	ay and year stated here.
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Signature or Trustee of President of the Board of Education		Party of the First Part Date	
Signature of the Contractor		Party of the Second Pa	art Date
Signature of Superintendent or Designee		Party of the First Par	t Date
Signature of Submitter		Name of Submitter	Date