	NIT	ED ST/	ATES						Doute			Route
POSTAL SERVICE MONTH No. From (Mo/Day/Yr) Through (Mo/Day/Yr)					Performance Record Vehicles (No., Type and Size) HCR 5-digit Route Number							
MONTH		INO.		11)	Throug	(110/Day/11)	Post Office/Postal Installation (City, State, ZIP +			HCK 5-digit Route Number		
Time	Beg	gin Time	Leave for St.	Retur	n fr. St.	End Time			State, ZIP + $4^{\mathbb{R}}$)	Check if Intermed	ate
Scheduled							Service Betw	veen			Office	
Minutes Hold							Trips Require	d (Mapthly)	Trips Perform	od (Ma	onthly)	
Frequency			Part			Trip Number	Thps Require					
Day		Actual Time Leave for				al Time	Minutes Delay Name of Driver		Irregularities		Rep Admir	orted to . Official
Day	Beg	jin Time	Street	from S	Street	End Time	Delay (State Part)	Performing Service	* (See explai below)	nation	Date	Initials
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

* List all exceptions to official schedule here and explain on reverse if necessary. Note here and show on reverse all detours, additional trips and omitted service that affect mileage or pay.

Irregularities Affecting Pay

Date		Detours				
	Part	Between	One-Wa	ay Mileage	Additional Miles	Deficient Miles
			Regular Route	Detoured Route		
		and				
		and				
		and				
		and				
		and				
		and				

Date	Part	Omitte		
_ 410		From	То	

Date	Part	Extra		
2010		From	То	
			Totals	

Details about other irregularities

I certify that service on this route was performed according to contract of	during this month, except as noted above.
Signature	Title