



Contract Route Performance Record

MONTH	▶	No.	From (Mo/Day/Yr)	Through (Mo/Day/Yr)	Vehicles (No., Type and Size)			HCR 5-digit Route Number			
Time	Begin Time	Leave for St.	Return fr. St.	End Time	Post Office/Postal Installation (City, State, ZIP + 4®)			Check if Intermediate Office <input type="checkbox"/>			
Scheduled					Service Between						
Minutes Hold					Trips Required (Monthly)					Trips Performed (Monthly)	
Frequency	Part		Trip Number								
Day	Actual Time		Actual Time		Minutes Delay (State Part)	Name of Driver Performing Service	Irregularities * (See explanation below)	Reported to Admin. Official			
	Begin Time	Leave for Street	Return from Street	End Time				Date	Initials		
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* 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

[illegible][illegible][illegible]

Details about other irregularities

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

Signature	Title	Date
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