UNITED STATES POSTAL SERVICE®

Highway Contract Route Enroute Box Change

Use this form when there is an increase or decrease of 14 boxes or more along the line of existing travel.

Five-Digit HCR Number	Name of Supplier
Beginning of Route	End of Route
Administrative Post Office Name	ZIP + 4®

*Current Box Count:

Office	Date M/D/Y	Total Boxes			Address
		Paid*	Live**	Plus/Minus	
Total:					

* Denotes number of boxes as stated on the last Statement of Work and Specifications.

** Denotes number of boxes receiving mail.

Distribution of Daily Time as a result of this change

Office Time (+ or -) _____ minutes

Street Time (+ or -) _____ minutes

Current Schedule			
Arrive P.O.	Leave P.O.	Return P.O.	End Duty
New Schedule			
Arrive P.O.	Leave P.O.	Return P.O.	End Duty

I have reviewed the documentation to support this request and certify its accuracy.

Signature of Administrative Official	Date
Title	Office Phone Number