UNITED STATES POSTAL SERVICE®

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 ☐
Scheduled					Service Between	
Minutes Hold						
Frequency		Part		Trip Number		

| Day | Actual Time | | Actual Time | | Trips Required *(Monthly)* | | Trips Performed *(Monthly)* | | |
	Begin Time	Leave for Street	Return from Street	End Time	Minutes Delay *(State Part)*	Name of Driver Performing Service	Irregularities * *(See explanation below)*	Reported to Admin. Official 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.

PS Form **5399,** June 2006 *(Page 1 of 2)* (PSN 7530-02-000-9199)

Irregularities Affecting Pay

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

Date	Part	Omitted Service			
		From	To		

Date	Part	Extra Trips			
		From	To		
			Totals ▶		

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

PS Form **5399,** June 2006 *(Page 2 of 2)* (PSN 7530-02-000-9199)