

Vanpool Expense / Mileage Report

(Please complete Entire Form)

Vanpool # _____ Month / Year: _____

Vanpool Driver Name: _____ Shift Time: _____

Daily Roundtrip Miles: _____

Primary Van Beginning of Month Mileage: _____ Primary Van End of Month Mileage: _____

of Operating Days Driven by Primary Van: _____

Did you exceed 150 free personal miles? (circle) Yes or No

If yes, how many extra miles did you utilize? _____

Did you have a Back-up van during the month? _____

(If Yes, Please answer the questions below)

What was the Back-up van #? _____

Back-up Van Beginning Mileage _____ Back-up van Ending Mileage _____

I confirm that to my knowledge the information on this form is accurate.

_____ printed name

_____ signature of completion

Passengers:

Name	Subsidy Y or N If yes how much?		Amount Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Drivers

Please return vanpool expense/mileage report with check made payable to PART no later than the 10th of the month as outlined by your lease agreement.

PART-Vanpool Program
7800 Airport Center Dr, Ste. 102
Greensboro, NC 27409
(fax) 336-235-6659

For Office Use Only:

contract ID - _____

Lease Amt	\$
-Subsidy Amt.	\$
-Expenses	\$
-Amt. Rendered	\$