

## Vanpool Referral Form

Thank you for spreading the word about the PART Vanpool Program! As a token of our appreciation, we want to give you a referral payment. To ensure eligibility of the referral payment, please complete and forward this Vanpool Referral Form to PART within 10 days of the new vanpool's start date. The form can be emailed to [chantalew@partnc.org](mailto:chantalew@partnc.org), faxed to 336-235-6659 or mailed to 7800 Airport Center Dr, Ste. 103, Greensboro, NC, 27409. The standard referral payment amount is \$100 payable after the new vanpool is in operation for six months. At PART's discretion, the amount of the payment and the timeframe for payment is subject to change. Please refer to [www.partnc.org](http://www.partnc.org) or your Regional Rideshare Coordinator for the most current vanpool referral payment information.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Van # / Driver Name: \_\_\_\_\_

Your Employer: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Name of Driver / Group Referred: \_\_\_\_\_

Date New Vanpool Started: \_\_\_\_\_

Can we contact you to participate in surveys, radio or TV ads for continued promotion of PART's vanpool program? \_\_\_\_\_

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We certify that to our knowledge the above information is accurate and that PART should issue a Vanpool Referral Payment to the individual listed below as **Payee** after the new vanpool group remains in operation for the qualifying timeframe. We also acknowledge that it is the **Payee's** responsibility to notify PART should their mailing address change.

\_\_\_\_\_  
Name of **Payee** (Print)

\_\_\_\_\_  
Name of **Payee** (Signature)

\_\_\_\_\_  
Name of Person Referred (Print)

\_\_\_\_\_  
Name of Person Referred (Signature)

***For Office Use Only:***

**Form Receipt Date:** \_\_\_\_\_

**Projected Eligibility Date:** \_\_\_\_\_

**Date Check Issued:** \_\_\_\_\_

**RFC Submitted By:** \_\_\_\_\_