



Vanpool Expense / Mileage Report

The following report is due on the 5th of the month and is considered late if not received by 7th. If the report and/or payment is provided after the 7th, please include \$25 late fee.

Vanpool #: _____ Primary Driver Name: _____ Month/Year: _____

Typical Departure Time from Park & Ride: _____ (ex. 7:00am) Typical Shift Time: _____

Primary Van Beginning Mileage: _____ Primary Van Ending Mileage: _____

of Days in the month that the van drove to work: _____ Did you exceed 150 free personal miles? Yes No

Is your vanpool currently accepting new passengers? Yes No If so how many seats are available? _____

If you used a Back-Up van during the month, please complete the following:

Back up van # _____

Dates Back Up Van was Utilized _____ - _____

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

Name	# of Days Riding in Van During Month	Subsidy Y or N		Amount Paid
		If yes how much?		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Please return vanpool expense / mileage report with check made payable to PART or provide credit/debit card information.

PART, Attn: Accounting-Vanpool Program, 107 Arrow Rd, Greensboro, NC 27409.

Lease Amt
- Subsidy Amt
- Expenses
AMT RENDERED

FOR OFFICE USE ONLY

Date Rec: _____ Pmt Date: _____

Check #: _____ Online Pmt #: _____