Daily Mileage Log

Van Group # _____ **Van Number:** _____

Month of: _____ **Year:** _____

Date	Van # (If Changed)	Beginning Odometer Reading**	End of Day Odometer Reading	Regular Commute Miles	Extra Allowable Miles	Personal Use* Miles	Driver/ Purpose (If other than primary driver or regular commute)
			Totals				

*First 50 personal miles are free (100 if your van is full). Additional miles calculated at 40¢ a mile.
per mile. Maximum personal miles per month: 250 miles per van.
**Only necessary for first entry and whenever changing vehicles.

Submit to Intercity Transit on the first workday of each month

_____
Preparer's Signature

Intercity Transit Vanpool Program

Ridership Report

Prepared by: _____ Month of: _____ Year: _____ Vanpool Group Number: _____

Instructions for Use: Using the key below, list each rider and date and fill out the grid corresponding to the day of the month and each rider's activity. At the end of the month, total each rider's activity and report any fare adjustments.

	Last Name, Init.	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	Totals: Round Trips	Totals: One Way Trips	Totals: Days Driven
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