VANPOOL MONTHLY FARES REPORT

Vanpool group is responsible for fares of riders not listed.

Monthly Rate Due _____

Extra Charges (i.e.Over Time) _____

Subsidy Received _____

Total Amount Due _____

Vanpool Number _____

Month Report For _____

Person Preparing Report _____

	Badge Number *	Last Name, First Name	New or Term Rider? Start Date	End Date	Amount Owed By Rider	Amt Collected By Coordinator	Payment Form	Official Use Only
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

TOTAL AMOUNT OWED BY RIDERS		Total Cash:
TOTAL COLLECTED		Total Checks:
DIFFERENCE OWED		Total Amount:
		Emp Ints Date:

_____ *Employee number for Bechtel Employees

FARES DUE BY THE 10TH OF THE MONTH **FORMS OF PAYMENT- $=Cash, Ck=Check, O=Other**

COMMENTS:

TIRE TRED DEPTH READINGS			
	OUTSIDE	CENTER	INSIDE
R. FRONT			
L. FRONT			
R. REAR			
L. REAR			
DATE MEASURED			
Measurements in 32's of inch			

VANPOOL OFFICE PHONE 509-943-5442
VANPOOL E-MAIL vanpool@bft.org
ONLINE PAYMENTS GO TO www.bft.org
BFT MAINTEANCE DEPARTMENT 509-734-5154

VANPOOL MONTHLY MILEAGE AND RIDERSHIP REPORT

Vanpool Number _____

Month Report For _____

Vanpool Shift (i.e. 4x10's) _____

Round Trip Travel Time mins _____

Vanpool Route _____

Report Prepared By _____

Average Daily Mileage _____

Total Days Van Used

	Last Name, First Initial	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	One-Way Rider Mileage	M-F One-Way Total Trips	M-F Total Passenger Miles	Total Saturday One-Way Trips	Saturday Total Passenger Miles	Total Sunday One-Way Trips	Sunday Total Passenger Miles
1																																							
2																																							
3																																							
4																																							
5																																							
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25																																							
	Totals																																						

Key	
0	Didn't Ride
1	One Way Ride
2	Round Trip Ride

Total Miles for the Month _____

Total Days Worked _____

Total M-F Days Worked _____

Total Saturdays Worked _____

Total Sundays Worked _____

Total M-F Revenue Hours _____

Total Saturday Revenue Hours _____

Total Sunday Revenue Hours _____

Total Non-Commute Miles _____

Total Commute Miles _____

Total M-F Miles _____

Total Saturday Miles _____

Total Sunday Miles _____

Total M-F Passenger Miles _____

Total Saturday Passenger Miles _____

Total Sunday Passenger Miles _____

Van #'s Inc. Spares	Beginning Odometer	Ending Odometer	Total
		TOTAL	

BEN FRANKLIN TRANSIT VANPOOL NON-COMMUTE MILE TRACKING LOG

Date	Beginning Odometer	Ending Odometer	Total Miles	Fuel Qty	Reason for Non-Commute Miles
		TOTAL MILES			