



Month	Year	Begin Odometer
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Month	Year	Begin Odometer
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TOTAL

TOTAL

REV 07/2006

As the driver submitting the fares and charges, I certify the amount collected and number of riders are based upon the daily round trip mileage.

Signature _____ Date _____

COMPLETED BY DRIVER				COMPLETED BY RIDESHARE OFFICE					
MONTHLY RIDERS	FARE	CHECK No.	CK AMOUNT				RECEIPT No.	DATE	EXPLAIN DEVIATION
1									
2									
3									
4									
5									
6									
7									
8									
Daily Ride!									
Daily Ride!									
EXCESS MILES:									
LATE FEE (if paid after the 8th)									