

**PACE VANPOOL INCENTIVE PROGRAM
Advantage Program - Monthly Expense Report**

AGENCY: _____ **MONTH REPORTED:** _____

EXPENSE	TOTAL
<p>Labor</p> <p><i>Payments to employees for their services in providing transportation service. Amounts recorded relate to work hours of direct service.</i></p>	
<p>Paid Absences</p> <p><i>Payment to employees for paid absences, including illness, holidays, vacation, and jury duty.</i></p>	
<p>Fringe Benefits</p> <p><i>Expenses related to the employment of staff such as pension contributions, Social Security payments, Workmen's Compensation Insurance, Unemployment Insurance.</i></p>	
<p>Supplies</p> <p><i>Expenses for tangible products obtained from outside suppliers, related to the operation of the vanpool. Do not include items that are reimbursed by Pace.</i></p>	
<p>Utilities</p> <p><i>Payments made for direct utilities. In most cases this would only include telephone expenses related to the vanpool program; however agencies may need to allocate a portion of their utility expenses to the vanpool program. These expenses may be allocated using a sound method for determining the percentage of expenses included.</i></p>	
<p>Van Fare</p> <p><i>Payments made to Pace for monthly van fees. This may include late fees and excess mileage charges</i></p>	
<p>Lease/Rent</p> <p><i>Payment for the use of facilities utilized in relation to the vanpool program. These expenses may be allocated to the vanpool program using a sound method of determining the appropriate percentage.</i></p>	
<p>Other</p> <p><i>Expenses related to the vanpool program which cannot be placed in any of the other categories. DO NOT INCLUDE FUEL PURCHASES WITH PACE FUEL CARD.</i></p>	
TOTAL EXPENSES	

The information in this report is true and accurate to the best of my knowledge.

Prepared by: _____

(Signature of preparer)

Date: _____