

Metra Monthly Vanpool Report for: _____, 2010

Driver Name: _____ Van # _____ Pool # _____

Number of days traveled: _____

		Assigned Van	Loaner #	Loaner #		
I Mileage						
A.	1	Ending Odometer Reading	_____	_____	_____	
	2	Beginning Odometer Reading	_____	_____	_____	
	3	TOTAL MILES TRAVELED	_____	+	_____	+
						= A. _____

Maximum Monthly Allowable Miles: 600

II Revenue (Due to Pace)						
A.	1	Excess Mileage (if Line IA > 600), then IA - 600				A1. _____
	2	Multiply difference: _____ x \$0.75				A2. _____
B.		Late Fee if report mailed after 5th of current month. Add \$7.00				B. _____
C.		TOTAL REVENUE (II A2 + II B)				C. _____

III Expenditures						
Original receipts for out-of-pocket expenses must be submitted.						
A.	1	Van Washes	<i>Maximum: Minivans \$48; Conversions & Maxivans \$60.</i>			A1. _____
	2	Wash tips	<i>Maximum: 15% of wash price. Note amount on receipt.</i>			A2. _____
B.		DOT Safety Inspection (<i>include original register receipt & blue inspection sheet</i>)				B. _____
C.		Annual Fire Extinguisher Recertification				C. _____
D.		Other: (<i>please explain</i>) _____				D. _____
E.		TOTAL EXPENDITURES (A1 + A2 + B + C + D)				E. _____

BALANCE: Payable to Pace (If Line IIC > Line III E)
or Amount Due Driver (if Line III E > Line IIC)

MONTHLY VEHICLE INSPECTION REPORT

	YES	NO	
1			SEATBELTS OPERATIONAL AND IN GOOD CONDITION
2			HEATER, DEFROSTER, AND AIR CONDITIONER OKAY
3			GAUGES REGISTERING PROPERLY
4			PROPER COOLANT/ANTIFREEZE LEVEL IN SURGE TANK
5			ENGINE HOSES IN GOOD CONDITION (FREE OF CRACKS, BULGES, LEAKS)
6			PROPER ENGINE OIL LEVEL
7			BATTERY WITH PROPER WATER LEVEL AND FREE OF CORROSION
8			BRAKE PEDAL FEELS FIRM AND VAN STOPS IN STRAIGHT LINE WHEN BRAKES ARE APPLIED
9			ALL EMERGENCY EQUIPMENT IN GOOD CONDITION
10			FREE OF EXTERIOR BODY DAMAGE
11			FREE OF FLUID LEAKS UNDER VAN (GREEN, BLACK, RED, PINK)
12			PROPER POWER STEERING RESERVOIR FLUID LEVEL

Please explain each 'NO' response: _____

Expirations/Due Dates

Month/Mileage preventive maintenance due: _____

Month/year van safety inspection due: _____

Month/year fire extinguisher recertification due: _____

Accidents/Incidents/Breakdowns

Any accidents/incidents during the reported month? No _____ Yes _____

If yes, please indicate Fleet Response Claim Number: _____

Any service disruptions during the month? No _____ Yes, total number _____

Explanation: _____

General Comments: _____

TO AVOID PROCESSING DELAYS, THOROUGHLY COMPLETE ALL AREAS.

Prepared by: _____

Signature

Date