

# Vanpool Monthly Report \_\_\_\_\_, 20\_\_\_\_\_

Driver Name \_\_\_\_\_ Van # \_\_\_\_\_ Pool # \_\_\_\_\_

	Perm Van #	Loaner #	Loaner #	
<b>I Mileage</b>				
A. 1	Ending Odometer Reading	_____	_____	_____
2	Beginning Odometer Reading	-	-	-
3	<b>TOTAL MILES TRAVELED</b>	_____ + _____	+ _____	= <b>A</b> _____
B. 1	Fixed Daily Allowable Round Trip Miles	_____ x _____	days	_____
2	Mileage to First Pick-Up (Primary Driver)	_____ x 2 x _____	days	_____
3	Mileage to First Pick-Up (Back-up 1)	_____ x 2 x _____	days	_____
4	Mileage to First Pick-Up (Back-up 2)	_____ x 2 x _____	days	_____
5	Monthly Buffer Miles			100
6	Monthly Driver Bonus Personal Miles			300
7	<b>TOTAL ALLOWABLE MILES (B1 + B2 + B3 + B4 + B5 + B6)</b>			<b>B</b> _____

<b>II Revenue (Due to Pace)</b>				
A.	Excess Mileage (if Line IA > IB).	Apply _____ miles from mileage bank		
	Multiply difference (IA - IB - bank miles), or _____ miles, x \$0.75			A _____
B.	Late Fee if report mailed after 5th of current month. Add \$7.00			B _____
C.	<b>TOTAL REVENUE (II A + II B)</b>			<b>C</b> \$ _____

<b>III Expenditures</b>				
<i>Original receipts for out-of-pocket expenses must be submitted.</i>				
A.	Van Washes	Maximum: Minivans \$48; Conversions & Maxivans \$60.		A _____
	A. 1) Wash tips	Maximum: 15% of wash price. <b>Note amount on receipt.</b>		_____
B.	Carpool Mileage _____ x \$0.585	Attach Carpool Use Report		B _____
C.	Gasoline \$ _____	Explanation _____		C _____
D.	Other _____			D _____
E.	<b>TOTAL EXPENDITURES (A + B + C + D)</b>			<b>E</b> \$ _____

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

Any service disruptions during the month?                      no                      yes, total number: \_\_\_\_\_

provide explanation: \_\_\_\_\_  
 \_\_\_\_\_

### **General Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

Prepared by: \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date