

VIP Monthly Vanpool Report for: _____, 2010

Driver Name: _____ Van # _____ Pool # _____

Assigned
Van # Loaner # Loaner #

I. Mileage

A.	1	Ending Odometer Reading	_____		_____		_____		
	2	Beginning Odometer Reading	_____		_____		_____		
	3	TOTAL MILES TRAVELED	_____	+	_____	+	_____	=	A _____

B.	1	Fixed Daily Allowable Round Trip Miles	_____	x	_____	days	_____
	2a	Mileage to First Pick-Up (Primary Driver)	_____	x 2 x	_____	days	_____
	2b	Mileage to First Pick-Up (Back-up 1)	_____	x 2 x	_____	days	_____
	2c	Mileage to First Pick-Up (Back-up 2)	_____	x 2 x	_____	days	_____
	2d	Mileage to First Pick-Up (Back-up 3)	_____	x 2 x	_____	days	_____
	2e	Mileage to First Pick-Up (Back-up 4)	_____	x 2 x	_____	days	_____

SUBTOTAL ALLOWABLE MILES (must be = or < A3) _____

3	Monthly Buffer Miles						100
4	Monthly Driver Bonus Personal Miles						300
5	ALLOWABLE MILES (B1 + B2a + B2b + B2c + B2d + B2e + B3 + B4)						B _____

II. Revenue (Due to Pace)

Excess Mileage (If Line IA > IB). Apply _____ miles from mileage bank

A.	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.	TOTAL REVENUE (IIA + IIB)			C	_____

III. Expenditures

Original receipts for out-of-pocket expenses must be submitted.

A.	A.1) Van Washes	Maximum: Minivans \$48; Conversions & Maxivans \$60.	A1	_____
	A.2) Wash tips	Maximum: 15% of wash price. Note amount on receipt.	A2	_____
B.	Pre-approved Carpool Mileage	_____ X \$0.50 Attach Carpool Use Rpt.	B	_____
C.	DOT Safety Inspection (include original register receipt & blue inspection sheet)		C	_____
D.	Annual Fire Extinguisher Recertification		D	_____
E.	Other (<i>please explain</i>)	_____	E	_____
F.	TOTAL EXPENDITURES (A1 + A2 + B + C + D + E)		F	_____

BALANCE: Payable to Pace (If Line IIC > Line IIIF) or Amount Due Driver (Line IIIF > 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