GROUP # _____
VAN # _____

Vanpool Monthly Report

This report is due on the 5th of the month and is considered late if not received by the 7th and subject to a late fee.

Report Preparer Name: _____ Month Rpt For: (MM/YY) _____/_____

Beginning Odometer: _____ Ending Odometer: _____ # Days Van Used: _____

Starting Address: _____

Ending Address: _____

Any stops along the way? How many? _____

If you used a Back-Up van during the month, please complete the following:

Back-Up Van #: _____ Dates Back-Up Van was Utilized: _____ - _____

Back-Up Van Beginning Mileage: _____ Back-Up Van Ending Mileage: _____

Name of Participant	Role (Driver, rider…)	Start Date	End Date

Any accidents or incidents? Y / N

If yes, were accident forms completed? Y / N

PLEASE INCLUDE ALL RECEIPTS WITH THIS FORM AT THE END OF EACH MONTH.

FOR OFFICE USE ONLY

Date Rec'v: _____ Date Pmt Rec'v: _____

Monthly Miles Expected: _____ Monthly Miles Used: _____

VANPOOL PURCHASES

Date	Total Gallons	Fuel $ Amt	Receipt Y/N
Miscellaneous Purchases			
Date	**Service**	**Amount**	**Receipt Y/N**

INSPECTION CHECKLIST

DATE (MM/DD/YY)		
	Y ✓	N ✓
Any fluid leaks		
Body damage (indicate in comments)		
Tires properly inflated**		
Break/tail/signals working		
Check all mirrors		
Steering free of vibration		
Horn works		
Windshield/windows free of cracks		
AC/Heater working		
Seat beats operational		
Interior lights working		
Interior van clean		
Engine oil at proper level		
Windshield fluid supply okay		
Windshield wipers work		
WRITE IN:		
WRITE IN:		
WRITE IN:		

15P: Front Tires **52 PSI, Rear Tires **74 PSI**.

** 7P: Front Tires **36 PSI**, Rear Tires **36 PSI**

COMMENTS: (Date and time of comment and/or issue)

_____

_____

_____

_____

_____

_____

_____

_____

Issues that need immediate attention, please contact the Vanpool Coordinator at **843-529-6286** during regular business hours or email at vanpool@bcdcog.com after hours. Thank you for your cooperation and continued support of the Lowcountry Go Vanpool Program.

☐ **Checking box agrees that in accordance with the Lowcountry Go Vanpool program inspection policy, your vehicle was inspected every day the vehicle was used according to the Vanpool Policy and Operations Manual and the Fuel Card was used according to the Fuel Card Statement of Usage.**

☐ **Checking box agrees that in accordance with the Lowcountry Go Vanpool program the above information is accurate and all receipts were kept, maintained, and provided to the BCDCOG Vanpool Coordinator.**

Print Name: _____

Signature: _____ Date: _____