The Rideshare Company
A Non-Profit Commuter Service Corporation
1404 Blue Hills Avenue
P.O. Box 7237
Bloomfield, CT 06002-7237

Telephone: 800-972-EASY (3279)
***or* 860-692-1234**
Fax: 860-692-1279
www.easystreet.org

MONTHLY EXPENSE REPORT

Month: _____ **20**_____ **Route #:** _____

Please print all information. Send WHITE copy to The Rideshare Company.
Personal Mileage Calculations: Max. personal mileage allowed per year = 3,000

SUMMARY OF MONTHLY MILEAGE

Van Description: (Enter Primary or Backup)	Plate #	Beginning Odometer *(a)*	Ending Odometer *(b)*	Total Mileage *(b minus a)*	Rideshare Use Only
Total Mileage Traveled in All Vans (c):					

= _____ ***(c)*** Total miles traveled during the month

(minus)_____ ***(d)*** Allowable monthly miles* (refer to passenger billing)
**includes monthly driver bonus miles*

= _____ Personal Mileage (equals ***(c)*** minus ***(d)***)
X $0.56

= _____ ***(e)*** Amount due to The Rideshare Company

Comments:

SUMMARY OF REIMBURSEMENTS (Amounts *not* charged to Fuel Card)

Person to be reimbursed	Description (fuel, van wash, oil, alternate driver, etc)	Amount Due Driver	Amount Due Other
ATTACH REIMBURSABLE RECEIPTS *(reimbursements will not be paid without receipts)*	***TOTAL***	_____	xxxxxxxxx

SUMMARY OF MONTHLY VAN EXPENSES

Amount due TRC	$ _____
Amount due Driver	$ _____
Net due TRC or Driver *(circle one)*	$ _____

Signature: _____

Date: _____

☐ Charge or Credit My Card on File

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
# of Passengers **TO** Work																																
# of Passengers **FROM** Work																																