The Rideshare Company
A Non-Profit Commuter Service Corporation
100 Corporate Drive, Suite 120, Windsor, CT 06095-2908

Tel: 800-972-3279 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) :					

Comments:

= _____ (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 $0.50

= _____ (e) Amount due The Rideshare Company

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 ALL 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																																