

**Risk Management Department
Civic Center Plaza
Transportation Alternatives Program
1200 Third Ave., Suite 1000, MS 51B
San Diego, CA 92101
TAPAdmin@sandiego.gov
Tel: (619) 236-6704 or (619) 236-5972**

MONTHLY VAN POOL REIMBURSEMENT FORM

To be reimbursed for your van pool expense each month, please complete and submit this form. Send in original format to your Coordinator or TAPAdmin@sandiego.gov.

Van Pool Participant:

Name (print): _____
(LAST) (FIRST)

I plan and I will commute to work by van pool at least 12 days this month and request reimbursement for the van pool expense for the month/year: _____ at the current City approved rate (75% or 90% up to \$100.00).

(Signature)

(Date)

Name
Dept/MS
Address/work #
PERNR#

RECEIPT OF VAN POOL PAYMENT

Date: _____ Van Pool Participant: _____
Monthly van pool expense for: _____
Status: ___ Authorized Driver ___ Non-Driver
Payment Method: ___ Check# ___ Cash Amount: \$ _____

Primary Driver/Coordinator PRINT

Primary Driver/Coordinator SIGNATURE