

## Vanpool Monthly Reimbursement Form

**Instructions:** To be reimbursed for your vanpool expense each month, each vanpool participant must complete section 1 and the vanpool coordinator must complete section 2. Please submit this completed form to [TAPadmin@sandiego.gov](mailto:TAPadmin@sandiego.gov) by the 15<sup>th</sup> in order to receive reimbursement for the month prior (ex: reimbursement for January must be submitted by February 15<sup>th</sup>). *MEA represented employees are eligible for a reimbursement of 90% up to \$100. All other representations are eligible for reimbursement of 75% up to \$100.*

### Section 1

*To be completed by Vanpool Participant*

#### Vanpool Participant Information

Vanpool Participant Name (Print):

Employee ID:

Email address:

Phone Number:

I commuted to work by vanpool at least 12 days this month and I am requesting a vanpool reimbursement for the month/year: \_\_\_\_\_ at the current City approved rate.

Signature:

Date:

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### Section 2

*To be completed by Vanpool Coordinator. This section confirms the payment that was paid by the Vanpool Participant to the Vanpool Coordinator.*

Vanpool Participant Name (Print):

Month/Year of Vanpool expense:

Status of Vanpool Participant:

Authorized Driver

Non-Driver

Amount Vanpool Participant paid to Vanpool Coordinator: \$

Vanpool Coordinator Name (Print):

Vanpool Coordinator Signature:

Date: