

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 by the 15th in order to receive reimbursement for the month prior (ex: reimbursement for January must be submitted by February 15th). *MEA, DCAA, and Local 911 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:

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: