

Vanpool Monthly Participation Log

Instructions: The Vanpool Coordinator must complete the following form and have all vanpool riders sign below. This form as well as the [Vanpool Monthly Payment Roster form](#) must be submitted to TAPAdmin@sandiego.gov. Each Vanpool Participant, including the Vanpool Coordinator is also responsible for completing their own [Vanpool Monthly Reimbursement form](#).

Month/Year of Vanpool Participation:

Please complete the following monthly vanpool participation log to track your rides per month. Check off the days in the calendar below to indicate the days in which you participated in the vanpool.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

Number of days participated in Vanpool (min. 12 days):

I hereby certify that this participation log claim is correct and true.

Tap Coordinator Information

Name:

Employee ID:

Signature:

Date:

Vanpool Riders

Name:

Signature:

Employee ID:

Name:

Signature:

Employee ID:

Name:

Signature:

Employee ID:

Name:

Signature:

Employee ID:

Name:

Signature:

Employee ID:

Name:

Signature:

Employee ID:

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