VAN POOL COORDINATOR - MONTHLY VAN POOL LOG SHEET

For reimbursement of each vanpool rider's expense each month, **complete by placing and "X" in each box during the week** and submit this form as an attachment to your monthly van pool paperwork. **Each individual is required to initial next to their name to verify their riding dates**. This form and other Supporting documentation should be delivered to: Linda McCarthy, MS 51B, TAPAdmin@sandiego.gov, Tel: (619) 236-6704 by the 5th or 10th of each month.

Month/Year: _____

	Week 1						Week 2						Week 3						Week 4						Week 5				
Van Pool Riders' Name (Print)	**M**	**T**	**W**	**T**	**F**		**M**	**T**	**W**	**T**	**F**		**M**	**T**	**W**	**T**	**F**		**M**	**T**	**W**	**T**	**F**		**M**	**T**	**W**	**T**	**F**

Coordinator, Primary or Alternate Driver: _____ _____

(Print Name) **(Signature)**

CODES: (AL) – Approved Leave; (H) – Holidays; (WR) – Work Related Issues (Staying late, Overtime, etc...)

Note: Leave no day blank, please account for each day of the month

H:\TAP Forms & Info File\Van Pool Log Sheet - 0905.doc