TRANSPORTATION ALTERNATIVES PROGRAM (TAP) VANPOOL PROGRAM APPLICATION

A vanpool is a method of commuting to and from work where six to fifteen commuters ride together daily in a van-type vehicle and share expenses. You are eligible for the vanpool subsidy program if you join a City-approved vanpool and commute to work **at least three days each week** in a van pool. Vanpool reimbursement is **not** available to employees who:

- o Have payroll deduction for monthly parking (except for driver of van pool).
- o Have purchased, or intend to purchase a MTS monthly/ECO Annual Compass Card.

Employees who receive a vanpool subsidy reimbursement under the conditions prohibited above will be billed for the amount of the reimbursement and may be excluded from further participation and/or disciplinary actionwhere appropriate.

Name:				PERNR#:					
First			Last						
Work Phone #:			/ Division Name:						
WorkLocation (Bldg. & floor or Suite#):					Mail Station:				
Work Schedule:									
DAY	MON	TUES	WED	THURS	FRI	SAT	Flex Schedule/ AWW? Circle: Yes or No		
HOURS (AM/PM)							Specify Day/Week:		
Van Pool/ Comr	nuter Serv	ice Informa	tion:						
Point of Contact:					Phone Number: ()				
Mailing Address	:								
Driver and Part	icipant Inf	ormation:							
Primary Driver: _					Phor	ne Numbei	r: (
Alternate Driver:					Phone Number: ()				
Primary Assigned to Collect Monthly Fees:					Pho	Phone Number: ()			
Alternate Assigned to Collect Monthly Fees:					Pho	_ Phone Number: ()			
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Your Monthly Cost for Vanpool Participation: \$ ______

VANPOOL COORDINATORS: PROVIDE INFORMATION ON ALL MEMBERS OF YOUR VANPOOL. USE ADDITIONAL SHEETS IF NECESSARY.

Print Name	Department /Company Name	PERNR #
1.		
2.		
3.		
4.		
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15.		

To receive reimbursement: Hand deliver an original signed/dated City Vanpool Reimbursement Form, along with original/signed receipts to the TAP Office, Civic Center Plaza, 1200 Third Ave., Suite 1000 or interoffice mail to MS 51B "TAP VANPOOL". Top portion of the Reimbursement Form should be completed by one of the following individuals:

- Primary Driver
- Alternate Driver
- Primary person assigned to collect monthly fee
- Alternate person assigned to collect monthly fees

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I have read an	d understar	nd the above.				
Signature:					Date:	