The Rideshare Company
A Non-Profit Commuter Service Corporation
1404 Blue Hills Avenue
P.O. Box 7237
Bloomfield, CT 06002-7237

Telephone: 800-972-EASY (3279)
***or* 860-692-1234**
Fax: 860-692-1279
www.rideshare.com

MONTHLY PARTNER VAN EXPENSE REPORT

Please print all information. Send WHITE copy to The Rideshare Company.

Month: _____ **20**_____

Business Name: _____

SUMMARY OF MONTHLY MILEAGE

Vanpool #	Plate #	Avg. Passenger Count	Beginning Odometer Reading *(a)*	Ending Odometer Reading *(b)*	Total Mileage *{calculation: (b) - (a)}*	Rideshare Use Only
Total Mileage Traveled by Employer (c):						

SUMMARY OF REIMBURSEMENTS
(Amounts *not* charged to Fuel Card)

Description (fuel, van wash, oil, etc.)	Amount
Reimbursement due Employer (f)	$

ATTACH ALL RECEIPTS

Allowable Monthly Miles for All Vehicles (d) _____

Excess Mileage {calculation: (c) - (d)} _____

x.80

Amount due The Rideshare Company (e) $

SUMMARY OF MONTHLY VAN EXPENSES

Amount due TRC (e) $ _____ (e)

Amount due Employer (f) $ _____ (f)

Net due TRC or Employer $ _____
{calculation: (e) - (f)}

For TRC Use Only
☐ Fleet ☐ WEX ☐ Aging

Signature: _____

Date: _____

This form can be found online at https://www.rideshare.com/easy-fleet/client-and-driver-resources/forms