

Date	Veh. DOT Num	Mileage Beginning	Mileage Ending	Trip Miles	Route/ Purpose	RIDERSHIP			Gas Gals	Fare Box Rev	Start Time	End Time	Trip Information Any other Misc. Comments	Total Hrs.
						Gen. Public	Elderly (60+)	Dis-abled						
Week Totals														

Office Use Only:
 Two week payroll hour total: _____ Two week expense total: _____