

ACHD Commuteride Vanpool Driver Incentive Program

Monthly Incentive Program Award Form

Award request for: _____
(Month and Year)

Van #: _____

Position with Van: Primary Driver Back Up Driver Shared Driver

Number of days van operated for the month: _____

I drove the van _____ days during the month. **EX: .5= Drove 1 Way**
1= Drove Both Ways

I fueled the vehicle _____ times out of _____ for the month.

I completed the monthly report and other necessary forms for the month.

I took the vehicle into the maintenance provider for service.

Other: (please explain) _____

Name: _____

Mailing Address: _____

City: _____ Zip: _____

I certify that to the best of my knowledge the information submitted above is correct. I understand that if the information submitted above is found to not be correct, I will not receive the monthly driver incentive award for the month in request. I also understand that the monthly incentive award request must be received in the Commuteride office before the 10th of each month to be considered.

Signature: _____ Date: _____

If I am eligible for a gift card I would like a card from:

Wal-Mart _____

Fred Meyer _____

Cabela's _____

Date Received in the Commuteride Office: _____

Received by: _____