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| **INSTRUCTIONS** |

* **Due Dates:** Reports are due the 15th of the month following quarter-end. Ex. Q1 reports are due by April 15.
* **Reporting Period:** Provide information for the quarter indicated only.
* **One-Way Trips:** A trip occurs when a passenger boards the vehicle at his/her origin and disembarks at his/her destination. Calculate a one-way trip every time a passenger boards the vehicle. The # of one-way trips is not the same as the # of individual passengers.
* **Medical:** Medical related appointments, dental, physician, dialysis, rehabilitation services, etc.
* **Employment:** Trips to work as well as vocational training, work sites, workshop centers, etc.
* **Nutrition**: Trips to a congregate meal center or meal site.
* **Social/Recreational:** Activities such as movies, dining out, day or overnight trips, park, etc.
* **Education:** Education and training, including life skills, wellness, community interaction, etc.
* **Shopping/Personal:** Shopping, drug store, post office, family or nursing home visits, etc.
* **Senior:** Anyone over the age of 65 (or whichever age your organization uses to define ‘senior’), regardless of whether or not the person has a disability
* **Individual w/ a Disability:** An individual with a disability or impairment that is over the age of 18 but under the age of 65 (or whichever age your organization uses to define ‘senior’).

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| **CONTACT INFORMATION & REPORTING PERIOD**  |
| ORGANIZATION NAME:       |
| NAME OF PERSON COMPLETING REPORT:       |
| PHONE #:    **-**   **-**     | EMAIL ADDRESS:       |
| CALENDAR YEAR:     QUARTER:  |
| [ ]  Q1 (JAN 1 – MAR 31) | [ ]  Q2 (APR 1 – JUN 30) | [ ]  Q3 (JUL 1 – SEP 30) | [ ]  Q4 (OCT 1 – DEC 31) |

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| **VEHICLE USAGE** |
| VEHICLE LICENSE PLATE #:       | TOTAL MILES DRIVEN:        |
| ODOMETER READING AT START OF QUARTER:       | ODOMETER READING AT END OF QUARTER:       |
| TOTAL # OF DAYS OPERATED :       | TOTAL # OF SERVICE HOURS OPERATED:       |

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| **ONE-WAY TRIPS** |
| **TRIP PURPOSE** | **SENIOR** | **INDIVIDUAL W/****A DISABILITY** | **TOTAL** |
| MEDICAL |       |       |       |
| EMPLOYMENT |       |       |       |
| NUTRITION  |       |       |       |
| SOCIAL/REC |       |       |       |
| EDUCATION |       |       |       |
| SHOP/PERSONAL |       |       |       |
| OTHER (SPECIFY):  |       |       |       |
| **TOTAL** |  |  |  |

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| **INDIVIDUAL PASSENGERS** |
| BLACK |       |
| HISPANIC |       |
| ASIAN/PACIFIC ISLANDER |       |
| AMERICAN INDIAN/ALASKAN NATIVE |       |
| WHITE |       |
| OTHER |       |
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| **INSTRUCTIONS** |

* Only expenses related to preventative maintenance and repairs that were performed on the vehicle during the quarter indicated should be included in this report.
* Copies of receipts and repair bills should be included with this report as supplemental and supporting documentation.

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| **CONTACT INFORMATION & REPORTING PERIOD**  |
| ORGANIZATION NAME:       |
| NAME OF PERSON COMPLETING REPORT:       |
| VEHICLE LICENSE PLATE #:       | EMAIL ADDRESS:      |
| CALENDAR YEAR:     QUARTER:  |
| [ ]  Q1 (JAN 1 – MAR 31) | [ ]  Q2 (APR 1 – JUN 30) | [ ]  Q3 (JUL 1 – SEP 30) | [ ]  Q4 (OCT 1 – DEC 31) |
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| **QUARTERLY PREVENTATIVE MAINTENANCE & REPAIR EXPENSES** |
| 1. | **Lube, Oil, Filter**Mileage at time of LOF:  | $      |
| 2. | **Tune Up**(Plugs, Points, PVC, Filters, etc.) | $      |
| 3. | **Tires** (Replace, Repair, Balance) | $      |
| 4. | **Brake System** (Adjust, Bleed, Replace, Repair) | $      |
| 5. | **Cooling System**(Compressor, Pump, Fan, Motor, Coolant) | $      |
| 6. | **Heating System** (Hoses, Clamps, Radiator Repairs, Belts) | $      |
| 7. | T**ransmission** (Replace, Repair, Fluid, etc.) | $      |
| 8. | **Drive Train** (Drive Shaft, Universal Joints, Differential, Axles, etc.) | $      |
| 9. | **Electrical** (Battery, Alternator, Belts, Lamps, Switches) | $      |
| 10. | **Exhaust System** | $      |
| 11. | **Suspension** (Front & Rear Springs, Shocks, Ball Joints, Tie Rod Ends) | $      |
| 12. | **Lift** | $      |
| 13. | **Engine** (Carburetor, Manifolds) | $      |
| 14. | **Other** (Specify):   | $      |
| **TOTAL** | $ |