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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: |

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

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