



DAILY RIDESHARE RECORD

NOVEMBER 2009

Mail Stop # _____

Name _____ Dept. _____

Ext. _____

Peoplesoft ID # _____ (To be used for tax purposes)

DEADLINE FOR RETURNING COMPLETED FORM: DECEMBER -10TH
 (SCRIP WILL NOT BE ISSUED IF THIS FORM IS RETURNED AFTER THE DEADLINE)

Please account for each day of the month using the symbols in the legend below.

LEGEND
B- Bicycle
C- Carpool
F- Alternative Fuel
M- Motorcycle
T- Transit (Bus)
TC- Telecommute
W- Walk

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6
9	10		12	13
16	17	18	19	20
23	24	25		27
30	*****	*****	*****	*****

_____ TOTAL DAYS

* YOUR E-MAIL ADDRESS IS REQUIRED _____

CHECK ONE:	_____ STAFF	_____ FACULTY	_____ FOUNDATION	_____ AUXILIARY
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LIST YOUR CARPOOL PARTNERS NAMES (FIRST AND LAST) ARE REQUIRED BELOW:

(Name) _____ (Name) _____

I certify the information that has been reported is true and correct.

Signature _____

Date _____

Any form NOT COMPLETED will be returned and will not be processed until it is fully completed and returned to our office BY THE DEADLINE above.