Please Print/type All Information

Monthly Vanpool Log - pg 1 of 2

Van Number: _____ Month & Year: _____ **Odometer Reading:** _____

Primary Driver:
Company:
Primary Driver Form Complete: YES/NO

Alternate Drivers Names	Company	R&I
1.		
2.		
3.		
4.		

Pick-up 1:
Pick-up 2:
Pick-up 3:
Destination 1:
Destination 2:
Destination 3:

Reasons Ex-Riders Discontinued Participation:

New Riders Former Mode of Travel to Work:

Any Problems or Issues with the Vanpool:

Two-Day Free Trials Used:
1. 2.
3. 4.

	Current Month's Participants:	Next Month's Participants: Name	Company	R&I Complete
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Monthly Fuel Data

Date	$ Amount	Gallons
Totals:		

Yes:	No:	Marketing Materials:
_	_	Do you have "Riders Wanted" signs?
_	_	If so, is it in good condition?
_	_	Would you like CobbRides to send you flyers to promote your vanpool?

Day of the Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Mthly. Avg
Total Morning Passengers:																																
Total Afternoon Passengers:																																

Primary Driver:

Signature Date

CobbRides

Signature Date

Please complete and email jennine@cobbrides.com or fax back to CobbRides at 678-802-3231 by the 5th of the month.

www.CobbRides.com