



# Passenger Monthly Tracking Form



Participant Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Please email completed form to:  
info@eldoradotransit.com

**OR**

Please mail completed form to:  
El Dorado Transit  
6565 Commerce Way

**OR**

Please fax completed form to:  
(530) 622-2877

This form is to be submitted by the registered participant (passenger) to El Dorado Transit by the 10th of the following month.

**Please sign and date the form on the second page, and use one line for each trip.  
For example, from your home to the store is one trip, and from the store to your home is one trip.**

Trip #	Date	Name of Registered Driver	Traveled From (Location and Address)	Traveled To (Location and Address)	Total Trip Miles	Departure Time	Arrival Time
#	<i>Sample: 1/1/22</i>	<i>Sample: Johnny Cash</i>	<i>Sample: Home, 1234 Lone Rd, Placerville</i>	<i>Sample: Raley's, 166 Placerville Dr, Placerville</i>	<i>Sample: 4 Miles</i>	<i>Sample: 1:30 pm</i>	<i>Sample: 1:55 pm</i>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Trip #	Date	Name of Registered Driver	Traveled From (Location and Address)	Traveled To (Location and Address)	Total Trip Miles	Departure Time	Arrival Time
13							
14							
15							
16							
17							
18							
19							
20							
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22							
23							
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26							
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28							
29							
30							

**Total Trip Miles (maximum of 350 miles per participant per month)**

**I hereby certify the trip information submitted on this form is true, correct, and complete.**

**Signature:**

**Date:**