



COMMUTER REWARDS PROGRAM

MONTH: _____

NAME: _____
BUSINESS PHONE: _____
COMPANY: _____

SUITE: _____

ALTERNATIVE TRANSPORTATION TYPE (PLEASE CIRCLE ONE):

1. CAR POOL* 2. TRANSIT (INDICATE TYPE) _____ 3. BICYCLING 4. WALKING

*IF CARPOOLING, PLEASE INDICATE NAME OF RIDESHARE PARTNER(S)

NAME	COMPANY	PHONE	SIGNATURE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOU MUST VERIFY THAT YOU HAVE PARTICIPATED IN YOUR ELECTED ALTERNATIVE TRANSPORTATION FOR A MINIMUM OF 13 DAYS

PLEASE CHECK DATES YOU PARTICIPATED

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND HAVE COMPLETED ALL REQUIREMENTS NEEDED TO PARTICIPATE IN THE 400 | 450 COMMUTER REWARDS PROGRAM. I ALSO UNDERSTAND THAT IF I WIN MY NAME WILL BE PUBLISHED THROUGH AN EMAIL BROADCAST.

SIGNATURE

SIGNATURE
RIDESHARE ADMINISTRATOR