

Vanpool Discount on Managed Lane Facilities Reimbursement Request Form

Review and confirm that you have met the following requirements before completing the document:

- 1. The Regional Vanpool Program is a Regional Transportation Council (RTC)-subsidized program operated by the Denton County Transportation Authority (DCTA) and Trinity Metro.
- 2. <u>Vanpool requestor/participant has pre-registered as part of the GoCarma HOV process</u>. This is an eligibility requirement to receive the 50 percent vanpool discount.
- 3. Requestor has obtained and displays a valid TollTag, TxTag, or EZ Tag on the van windshield.

Requestor Information						
Full Name:	Smith			John		Α.
	Last			First		M.I.
Address:	123 Main St.					
	Street Address					Apartment/Unit #
	Your City				TX	
	City				State	ZIP Code
Primary Phone:	555-123-4567		Alt. Phone	: 		
Email:	jasmith@google.n	et				
				Trinity Metro		
Name of Vanpool Provider: (DCTA or Trinity M		r Trinity Metro):	: -	Trinity Wieu'o		
Specify Request	tor's Vanpool Role (0	Captain, Co-Ca _l	ptain, Rider):_	Captain		
		Vanpool Ide	entification	Information		
Vanpool ID Name/Number:		40001				
Vanpool Toll Tag Number :		DNT.01234567				
Vehicle License Plate Number:		TX12345				
		Re	eimburseme	ent		
period equals th from submittal o		er occurs first. entation. In ad	Requestors of dition, please	can anticipate pa be advised that	ayment of ex ONLY tolls	penses within 45 days accrued during peak
Covered time period of request:		<u>_</u>	January 2023	-March 2023		
Total reimbursement amount requested:		ted:	\$60			
Please submit th	ne completed Reimb	ursement Reau	est Form and	the Toll Activity	Report or M	Ionthly Toll Statement

as outlined in the Reimbursement Submittal Checklist. Reimbursement Request should be emailed to TRgrants@nctcog.org.

Reimbursement Submittal Checklist

	onfirm that all steps below have been completed. Items noted as [Required] must be checked and included with e reimbursement request form, or the form will be <u>deemed incomplete</u> .
	Completed Reimbursement Request Form – [Required]
	Toll Activity Report and or Monthly Toll Statement with eligible transactions highlighted – [Required]
	☐ Is an "HOV2+-50%" message indicated in the Discount column of the Activity Report?
	□ PDF of all attachments labeled according to the submittal checklist
Th	ne following documents are required only with the first reimbursement request.
	Completed W-9 to comply with IRS regulations (detailed in Publication 15 Circular E, Employers Tax Guide)
	Direct Deposit Authorization Form to receive reimbursements via direct deposit. The prenote process takes six full business days. If the form is not submitted, then reimbursement will be issued via check.