



PAYMENT FORM

California Vanpool Authority 1340 North Drive
 Hanford, California 93230-5962 Phone: (559) 582-3211 ext.
 2711 Fax: (559) 587-0714

VP# _____ Name: _____ Job Site: _____ Month of _____

Please fill out this payment form and remember put your VP# on each check.... THANK YOU

#	FULL FIRST NAME (required)	FULL LAST NAME (required)	Check No.	Voucher #	Payment Amount Check/Cash Only
1	Enter ~ ONLY~ the PRIMARY DRIVERS NAME HERE: (whether they paid or not)				
2					
3					
4					
5					
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10					
11					
12					
13					
14					
15					
16					
17					
18					

"Please remember all payments are due by the 15th of the current month"

TOTAL CHECK/CASH ENCLOSED: _____ **Total Voucher enclosed:** _____