



**California Vanpool Authority - CalVans**  
 1340 North Drive, Hanford, CA 93230  
 PO Box 209, Hanford, CA 93232  
 1 (866) 655-5444 Toll-free (559) 852-2711 Main  
[www.calvans.org](http://www.calvans.org)

**EMPLOYER SPONSORED TRANSPORTATION**

**QUALIFIED TRANSPORTATION FRINGE BENEFIT VOUCHER INFORMATION REQUEST FORM**

**Single or Multi-Company Information (1 separate transit voucher required per account being set-up) -**

<b>Company and Registration Information</b>			Are you a grower?	[ ] Yes [ ] No
Name:	If FLC, list registration #	Yr Estab/ Avg Comp Size	Parent/Guarantee Co	Preferred Invoice Delivery
				[ ] Website [ ] E-mail [ ] Box-Cloud
				[ ] Website [ ] E-mail [ ] Box-Cloud
				[ ] Website [ ] E-mail [ ] Box-Cloud
Industry:	Add all contacts to informational email list?		[ ] Yes [ ] No	
How did you find out about us?	Feature you in marketing events or on the social media sites listed below?		[ ] Yes [ ] No	
	[ ] Facebook [ ] Twitter [ ] Instagram [ ] SnapChat [ ] YouTube [ ] CalVans webpage/Blog			

CalVans operates with traditional office hours: M-Fri (8 am to 5 pm). Staff is available 24/7 for technical support and maintenance emergencies for CalVans drivers. CalVans makes every effort to assign eligible drivers to CalVans vehicles when emergencies arise however, we can only clear driver records during DMV business hours. Please initial the hours of operation acknowledgement. Please inform your operations staff about our policy. initial\_\_\_\_\_

Vans travelling more than 200 miles one way or to regions not served by CalVans will be at the expense of the employer; once permission is obtained. Do you anticipate vans will travel to other regions or states? [ ] Yes [ ] No

Please complete section below for planning purposes regarding where the vans an/or your employees might travel to in the future.

City and County or State	Season &/or Duration in months i.e- Fall, Spring, etc	Number of vans anticipated?

**Contact/Billing Information-**

<b>Main office</b> (headquarter address):	City:		
State:	Zip:	County:	
Website:	Fax:		
<b>Billing/Mailing</b> address (if different):	City:		
State:	Zip:	County:	
<b>Billing - Contact Name:</b>	E-mail Address:		
Billing Office Main Phone:	Fax:		
Contact Name(s)/ Department:	Title:	E-mail Address:	Phone #:

**Signatures Section-**

Transit vouchers are for ridesharing purposes on a CalVans vanpool operating under the provision of Internal Revenue Code (IRC) 132(f)(5)(B); Regulation §1.132-9(b) that permits an employer to subsidize an employees' allowable cost of commuting to work by a public transit entity. Please refer to the attached employer agreement tab to review the permitted usage of a CalVans vehicle and for specific pre-tax dollar limits on the IRS website. By signing below you acknowledge that this agreement and applicable attachments have been reviewed, read and understood. Individual(s) with the authority to sign a voucher(s) for the purpose of redemption sign below. If multiple companies under the same parent company exist and will use CalVans, one signed voucher will be required for each account being set-up. If vanpool vehicles will travel to different regions (with that same company) the same voucher may be used in multiple regions.

Printed Name of Signature 1:	Signature:	Date:
Printed Name of Signature 2:	Signature:	Date:

RECEIVED DATE:

ENTERED INTO QB BY:

for CalVans official use only					
<b>OPERATIONS</b>					
Employer package sent via:	e-mail [ ]	U.S.P.S mail [ ]	in person [ ]	Other [ ]	
Sent to:	<b>Name:</b>		<b>Contact Number:</b>		
<b>Title:</b>			<b>Email:</b>		
Signed APPLICATION received by main office:			<b>Received by:</b>		
Signed VOUCHER(S) received by main office:			<b>Received by:</b>		
<b>Not authorized to use Employer Voucher Program:</b>	Ineligible County/ State:	Outstanding previous account:	High Deposit or other Reason:		
<b>Packet Complete:</b>	Yes (Date)	<b>No [ ] Complete Below</b>			
Missing Items or Needed Clarification:			Request 1: _____ Request 2: _____ That Regions Transit Coordinator (name):	Notified	
Requested start date:			Rate p/mile: (if applicable)		
<b>ACCOUNTING DEPARTMENT</b>					
Preference for receiving invoices:	US Mail [ ]	E-mail [ ]	Box [ ]		
<b>Deposit requested:</b>	Amount \$:	Reason:	Calculation based on:	<input type="checkbox"/> Highest number of vans in peak season <input type="checkbox"/> Highest amount billed <input type="checkbox"/> Other (explain)	
<b>Deposit Notice Sent: (date)</b>	Deposit Received:	Hold Deposit Thru:	<input type="checkbox"/> All vans turned in <input type="checkbox"/> All driver payment forms submitted	Deposit Return:	
Accounting Software set-up:	Notes:				
Invitation to Box:					
Employer Folder created:					
<b>PAYMENT PROBLEMS</b>					
Instance 1	Payments over 30 days Meeting with Transit Coordinator [ ]: _____				
Instance 2	Payments over 30 days Meeting with Transit Coordinator [ ]: _____				
Recommend all vehicle pick-up:		Payments over 30 days Meeting with Transit Coordinator [ ]: _____ <b>NOTES:</b>			
Transit Coordinator to <b>Shut-off</b> vans due to non-payment:					
Transit Coordinator to <b>Pick-up</b> vans due to non-payment:					
All vans picked up on (date):					
Employer not eligible until:					
<b>MARKETING</b>					
Added all contacts to mailing/contacts list:					
Added to ALL Social Media sites:					
Grouping created in Webtech:					