SECTION 5311 - RURAL TRANSIT DATA COLLECTION SHEET

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DEMAND RESPONSE ROUTE

*** Indicates information rquired by ODOT.**
All Pick Up and Drop Off Odometer readings must be shown to the tenth of a mile.
Round up all Total Hours and Grand Total Hours to the nearest 15 minutes.

*TRANSIT NAME: _____ DRIVER'S NAME: _____

*DATE: _____ / _____ / _____ *VEHICLE #: _____ *ENDING ODOMETER: _____ . _____

*PASSENGER SEATS: _____ *ROUTE ID: _____ - _____ *BEGINNING ODOMETER: _____ . _____

*TIME IN: _____ : _____ *TIME OUT: _____ : _____ *TOTAL HOURS: _____ . _____

*TIME IN: _____ : _____ *TIME OUT: _____ : _____ *TOTAL HOURS: _____ . _____ *GRAND TOTAL HOURS: _____ . _____

NAME / ORIGIN	DESTINATION	*PASS. TYPE	*TRIP PURP.	FARE		*ODOMETER		TIMES	
				Cash	Pass	*Pick Up	*Drop Off	Pick Up	Drop Off
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____
						_____.___	_____.___	____:____	____:____

PASSENGER TYPE CODE: P=Passenger; D=Passenger with Disability; E=Elderly Passenger; B=Elderly Passenger with Disability; MD=Meal Delivery

TRIP PURPOSE CODES: M=Medical; E=Employment; N=Nutrition; S=Social/Recreational; ED=Education; SH=Shopping; Z=SoonerRide; RW=Road to Work; TF=TANF; O=Other/Non-Responsive

DRIVER'S CERTIFICATION: I certify that the foregoing is a true and correct accounting of services provided.

*Driver's Signature: _____