## Bicycle Commuter Tracking Log: Year



| May |  | June |  |  | July |  |  | August |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Date of Commute Initials |  | Date of Commute | Initials |  | Date of Commute | Initials |  | Date of Commute | Initials |
| 1 |  | 1 |  |  | 1 |  |  | 1 |  |  |
| 2 |  | 2 |  |  | 2 |  |  | 2 |  |  |
| 3 |  | 3 |  |  | 3 |  |  | 3 |  |  |
| 4 |  | 4 |  |  | 4 |  |  | 4 |  |  |
| 5 |  | 5 |  |  | 5 |  |  | 5 |  |  |
| 6 |  | 6 |  |  | 6 |  |  | 6 |  |  |
| 7 |  | 7 |  |  | 7 |  |  | 7 |  |  |
| 8 |  | 8 |  |  | 8 |  |  | 8 |  |  |
| 9 |  | 9 |  |  | 9 |  |  | 9 |  |  |
| 10 |  | 10 |  |  | 10 |  |  | 10 |  |  |


| September |  |  | October |  |  | November |  |  | December |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Date of Commute | Initials |  | Date of Commute | Initials |  | Date of Commute | Initials |  | Date of Commute | Initials |
| 1 |  |  | 1 |  |  | 1 |  |  | 1 |  |  |
| 2 |  |  | 2 |  |  | 2 |  |  | 2 |  |  |
| 3 |  |  | 3 |  |  | 3 |  |  | 3 |  |  |
| 4 |  |  | 4 |  |  | 4 |  |  | 4 |  |  |
| 5 |  |  | 5 |  |  | 5 |  |  | 5 |  |  |
| 6 |  |  | 6 |  |  | 6 |  |  | 6 |  |  |
| 7 |  |  | 7 |  |  | 7 |  |  | 7 |  |  |
| 8 |  |  | 8 |  |  | 8 |  |  | 8 |  |  |
| 9 |  |  | 9 |  |  | 9 |  |  | 9 |  |  |
| 10 |  |  | 10 |  |  | 10 |  |  | 10 |  |  |

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[^0]:    Maintain a Bicycle Daily Commuter Tracking Log and receive $\$ 20$ reimbursement for your qualifying bicycle commuting expenses. You must meet all eligibility requirements and commute by bicycle $50 \%$ of the month to qualify for the Qualified Commuter Bicycle Reimbursement (QBCR). Program participants are ineligible for other transportation benefits (transportation in a commuter highway vehicle, transit pass or qualified parking benefits) during the months in which they receive/request the QBCR. The Claims for Reimbursement, Bicycle Commuter Tracking (Daily) Log, and Bicycle Commuter (Monthly) Certification Statement forms are submitted during the Annual Reimbursement \& Recertification (ARR) period, October through December. Exception: De-enrolling participants may submit claims for reimbursement outside the ARR timeframe.

