

PT512_2

MONTHLY STATISTICAL REPORT
LONG DISTANCE GENERAL ACCESS SERVICES

CONTRACT NO: _____

OPERATOR NAME: _____

OPERATOR ADDRESS: _____

OPERATING MONTH: MONTH _____ YEAR _____

OPERATING DAYS: _____

APPROVED ROUTE: FROM _____ TO _____

	FULL STUDENT FARE	ADULT CONCESSION	TERTIARY FARE	STUDENT FREE	DISCOUNTED STUDENT FARE	FULL ADULT FARE	TOTAL FOR ZONE
Urban Zone							
Zone 1							
Zone 2							
Zone 3							
Zone 4							
Zone 5							
Zone 6							
Zone 7							
Zone 8							

Zone 9							
Zone 10							
Zone 11							
Zone 12							
Zone 13							
Zone 14							
Zone 15							
Zone 16							
Zone 17							
Zone 18							
TOTAL FOR FARE TYPE							TOTAL

I hereby certify that the above claim is true and correct and can be substantiated by ticket receipts, and that for every journey claimed under a free pass entitlement, the passenger has been requested to and has produced to the driver a valid student bus pass.

SIGNATURE _____ **TITLE** _____ **DATE** _____