

Provider Name: _____

Customer # _____

Month: _____

Year: 2026

Contract # _____

Trips per Day (Per Pick-Up & Drop-off)

1-8	
Date	# of Trips
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
TRIPS	0
RATE	\$2.33
TOTAL DUE	\$0.00

9-23	
Date	# of Trips
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
TRIPS	0
RATE	\$3.02
TOTAL DUE	\$0.00

24+	
Date	# of Trips
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
TRIPS	0
RATE	\$6.73
TOTAL DUE	\$0.00

Please mail form with payment to:
 Aviation Department - City of Phoenix
 P.O. Box 29110
 Phoenix, AZ 85038-9110;
 or e-mail form to:
AVN.FISCAL.OPS.ACCT@Phoenix.gov, and
 send check to above address

For questions, please call

Total Trips 0
 Total Fees \$0.00

Signature _____

Date _____

Ground Transportation at: 602-273-3383