

Bicycle Commuter Tracking Log



Please complete the form below and return it with your paid receipt(s) to:

Dee Dowd
 Corporate Benefits Department
 1716 Locust Street, LS - 115
 Des Moines, IA 50309-0323

Employee Name: _____

Employee ID: _____

January Year:		February Year:		March Year:		April Year:	
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	

May Year:		June Year:		July Year:		August Year:	
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 Year:		October Year:		November Year:		December Year:	
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	