



Department of Human Services
Office of Facilities and Support Services, Transportation Services Section
DHS Monthly Program Report – Trip, Miles, and Hours Analysis

Contractor: _____

Month of Service: _____

Total Transport Miles

Total Transport Hours

Total # of Drivers

Total # of Vehicles

	DOT Trips	DCH Trips	Other Trips	Total Non-DHS
Non-DHS trips	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>