Bus Pass Order Form

14 Commerce Street, Poughkeepsie, NY 12603
Attn: Assistant General Manager of Finance
Tel # (845) 473-8424
Fax # (845) 473-8662

Date: _____

Customer Number: _____

Purchaser: _____

Order placed by: _____

Address: _____

City: _____, **State:**_____, **Zip Code:** _____

Phone No.: _____

Ship to: (If different from address on the left)

_____

_____

_____

_____

	Quantity	X	Unit Price	=	Amount
SINGLE RIDE FULL FARE	_____	X	$ 1.75	=	_____
SINGLE RIDE REDUCED FARE	_____	X	$ 0.75	=	_____
FULL ANYTIME DAY PASS	_____	X	$ 5.00	=	_____
REDUCED ANYTIME DAY PASS	_____	X	$ 2.50	=	_____
FULL ANYTIME 7-DAY PASS	_____	X	$ 21.00	=	_____
REDUCED ANYTIME 7-DAY PASS	_____	X	$ 10.50	=	_____
FULL ANYTIME 31-DAY PASS	_____	X	$ 62.00	=	_____
REDUCED ANYTIME 31-DAY PASS	_____	X	$ 31.00	=	_____
44-RIDE COMMUTER TICKET	_____	X	$ 45.00	=	_____
SINGLE RIDE ADA PARATRANSIT FARE	_____	X	$ 3.50	=	_____
SINGLE RIDE FULL DIAL-A-RIDE FARE	_____	X	$ 3.50	=	_____
SINGLE RIDE REDUCED DIAL-A-RIDE FARE	_____	X	$ 1.00	=	_____
SINGLE RIDE FLEX SINGLE CITY FARE	_____	X	$ 5.00	=	_____
SINGLE RIDE FLEX BETWEEN CITY FARE	_____	X	$ 6.00		_____

*Full = all passengers that are not eligible for reduced.

*Reduced = seniors (60 years old and older), persons with disailities, Medicare Card Holders, Youth (5-12 years old), Students elementary to college with ID, veterans and ADA eligible passengers.

* Dial-A-Ride Reduced is for seniors (60 years old and older, persons with disabilities and veterans only.

TOTAL AMOUNT

Payment Method:

C.O. D.
Check
Invoice

PO# (For organization Only)_____

Pick-up Date and Time:

_____   _____
                                 (Buyer/Outlet Representative)

Revised 09/01/04