	IRIS – REEDSBURG				<u></u>
ل ل	RUNNING INC - SHARED RIDE TAXI)
Service: Community Transportation Pass			T2004 RI		
SERVICE DATE:		FEA:			
Participant Name:					
Mailing Address:					
City:	St	ate: WI	Zip:		
Current phone number	:				
Number of punch cards	(10 (1 way) rides per c	ard)	x \$ 90.00 = \$	š	-
Number of additional m	niles cards (10 miles per	card)	x \$ 20.00 = 3	\$	_
Participant Signature: _			Date:		
	Fax: 1-608	-637-6877	7		
Email	diane@runninginc.ne	<u>t</u> or <u>lindsa</u>	ny@runninginc.n	<u>et</u>	
After Running Inc receiv	ves the order form the	process is	as follows:		
 Running Inc send FEA pays the involution 	s an invoice to the corr bice	ect FEA.			

3. Running Inc will send the requested cards to the participant by mail.