



# Bus Pass Request Form

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Date Required: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Email to [kalexander@nvta.ca.gov](mailto:kalexander@nvta.ca.gov)

Please allow 24 hrs upon receipt to process request for pick-up.

QTY	DESCRIPTION	COST	TOTAL	PASS # SEQUENCE
	<b>VINE 31-Day Pass</b> <i>All Routes except Rt29 Express to BART</i> Adult	\$55.00	\$	
	Senior/Disabled	\$27.50	\$	
	Youth	\$37.00	\$	
	<b>VINE 20-Ride Pass</b> <i>All Routes except Rt29 Express to BART</i> Adult	\$30.00	\$	
	Senior/Disabled	\$15.00	\$	
	Youth	\$21.00	\$	
	<b>VINE All-Day Pass</b> <i>All Routes except Rt29 Express to BART</i> Adult	\$7.00	\$	
	Senior/Disabled	\$3.50	\$	
	Youth	\$5.00	\$	
	<b>VINE Single Ride Pass</b> <i>All Routes except Rt29 Express to BART</i> Adult	\$2.00	\$	
	Senior/Disabled	\$1.00	\$	
	Youth	\$1.25	\$	
	<b>VINE 31-Day Rt29 Express to BART</b> Adult	\$125.00	\$	
	Senior/Disabled	\$125.00	\$	
	Youth	\$125.00	\$	
	<b>VineGo Discount Pass</b>	\$20.00	\$	
	<b>Taxi Scrip</b>	\$10.00	\$	
<b>TOTAL AMOUNT DUE</b>		<b>\$</b>		

County of Napa journal entry: Project Account String \_\_\_\_\_ Org \_\_\_\_\_ Account \_\_\_\_\_

Signature below authorizes NVTA to journal the total purchase amount out of the Project Account String, Org and Account number as stated.

Authorized by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Below individuals hereby verify the issuance, amount and receipt of passes as requested. Sign on the day of pick up to verify.

**VOUCHER(S) ISSUED BY:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

**VOUCHER(S) RECEIVED BY:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Pickup Date:** \_\_\_\_\_

*Effective 6/1/2025*