

NATIONAL TRANSPORT AUTHORITY

UTILISATION OF BUSES

MONTHLY RETURN BY BUS CO OPEARATIVE SOCIETIES

Name of Cooperative Society :		Phone No.....										BRN No.....																					
Month / Year :		Route No.										Total Number of buses licensed :										Average No.of trips per bus.....											
DATE	Number of trips performed																															TOTAL	REMARKS/ REPORTED ANOMALIES
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
SN	Bus Number																																
1																																	
2																																	
3																																	
4																																	
5																																	
6																																	
7																																	
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11																																	
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14																																	
15																																	
16																																	

Name of Bocs President..... Signature :.....

Name of Bocs Secretary..... Signature :.....



NOTE: TO INSERT ALL BUS REGISTRATION NUMBERS AND NUMBER OF TRIPS PERFORMED TO INSERT OR (OFF ROAD) FOR BUSES NOT WORKED ON ANY PARTICULAR DAY