

# Guaranteed Ride Home Program

## Reimbursement Claim Form

### Eligibility Requirements

- > You must work for an employer enrolled in the Regional Guarantee Ride Home (GRH) Program.
- > You must have traveled to work that day using a rideshare arrangement (carpool, vanpool, public bus, Metro Rail, Metrolink, walking or bicycle).
- > The maximum allowable GRH reimbursed trips per 12 month period is two (2).
- > You must complete this form and return it with your receipt(s) of transportation fees within 30 days from the date the service was utilized. (Original or scanned copies will be accepted).

Mail to: GRH Program, 7355 Magnolia Avenue, Riverside, CA 92504

### Commuter Information (Please print and write clearly):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Employer Information:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Representative Name: \_\_\_\_\_

Employer Representative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Travel Information:

Date Guaranteed Ride Home was used: \_\_\_\_\_

What form of ridesharing did you use to get to work that day: \_\_\_\_\_

Reason for needing Guaranteed Ride Home:

- Personal/Family Illness                       Personal/Family Emergency                       Personal unexpected overtime  
 Carpool/Vanpool driver unexpected overtime                       Other (Please explain) \_\_\_\_\_

What mode of transportation did you use to get home:  Taxi                       Rental Car                       Metrolink                       Metro Rail                       Public Bus

Cost/Fare: \$ \_\_\_\_\_ [Attach receipt(s) to this form]

Who paid for the expense? (Check One)

- Commuter/Employee                       Employer                       Third Party/Consultant - Consultant Name: \_\_\_\_\_

**Reimbursement check will be endorsed to whichever is checked above.**

Participant's Signature: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_

By signing this form, the Participant and Employer acknowledge all information stated above is true. The GRH Program has the right to request further documentation if needed. If the Program Administrator determines the emergency ride was invalid or not authorized, the reimbursement will be denied.