

Guaranteed Ride Home Program Reimbursement Claim Form

Eligibility Requirements

- > You must work for an employer enrolled in the Regional Guaranteed 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 fiscal year (July 1 – June 30) is two (2).
- > A maximum 15% tip is allowed for reimbursement.
- > You must complete this form and return it with your receipt(s) of transportation fees within 60 days from the date the service was utilized. Original or scanned copies will be accepted.
- > Reimbursement Claim Forms received after 60 days will not be accepted and trip costs incurred shall become the responsibility of the employee and/or employer.

Mail to: GRH Program, 7355 Magnolia Avenue, Riverside, CA 92504, ph. 951.352.8229 or email to cfranco@its-consulting.net

Commuter Information (please print clearly):

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Employer Information:

Employer Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employer Representative Name: _____
Employer Representative Phone: _____ Email: _____

Travel Information:

Date Guaranteed Ride Home was used: _____
Form of ridesharing used 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 Carpool/vanpool driver personal/family illness/emergency
 Other (please explain) _____

What mode of transportation did you use to get home:

- Taxi Rental car Metrolink
 Metro Rail Public bus Zipcar/Carzgo/Other Carsharing Co.
 Uber/Lyft/Other Transportation Network Co.

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 appropriate party 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.