



REIMBURSEMENT FORM

Use this form to apply for reimbursement for your Emergency Ride Home (ERH). Remember, **you must be pre-registered** for the Emergency Ride Home Program before your ride home is used. This reimbursement application **must be accompanied by a valid ride receipt** and **must be submitted within 30 days of the ERH**. Allow 45 days from receipt of this form for review and reimbursement; reimbursement will be sent in the form of a check. You may only be reimbursed up to \$50 per use.

NAME

HOME ADDRESS

CITY STATE ZIP

DAYTIME PHONE NUMBER EXT. EMPLOYER

BIKEPOOL, CARPOOL OR VANPOOL CONTACT NAME

DATE AND TIME OF ERH SERVICE

REASON FOR ERH:

- SICKNESS OR ACCIDENT INVOLVING IMMEDIATE FAMILY MEMBER (CHILD, SPOUSE, PARENT)
- UNSCHEDULED OVERTIME OR LATE MEETING (I.E., NO ADVANCE WARNING)
- BREAKDOWN OR ACCIDENT OF CARPOOL VEHICLE ON WAY TO OR FROM WORK
(I.E., NOT A VEHICLE THAT WAS PLANNED TO BE IN THE SHOP FOR SEVERAL DAYS)
- CARPOOL PARTNER OR VANPOOL DRIVER HAD TO UNEXPECTEDLY LEAVE WORK EARLY (E.G., SICKNESS, PERSONAL EMERGENCY)
- CATASTROPHIC EMERGENCY AT HOME
- OTHER UNPLANNED PERSONAL EMERGENCY

PLEASE EXPLAIN

TYPE OF TRANSPORTATION USED FOR ERH:

- CARSHARE AGENCY (ENTERPRISE CARSHARE, ZIPCAR, ETC.)
- ON-DEMAND SERVICE (LYFT, UBER, ETC.)
- TAXI COMPANY TAXI FARE
- RENTAL CAR AGENCY RENTAL FEE
- OTHER, PLEASE SPECIFY OTHER FEE

IF CO-WORKER PROVIDED A RIDE, LIST THE MILEAGE - ONE-WAY (REIMBURSED AT CURRENT GOVERNMENT RATE)

DESTINATION ADDRESS

CO-WORKER NAME CO-WORKER PHONE

CO-WORKER SIGNATURE

I certify that the above described Emergency Ride Home service was required for an unplanned personal emergency and meets all of the requirements of the DVRPC Emergency Ride Home Program.

SIGNATURE **DATE**

Attach ERH receipt and mail form to DVRPC ERH Program, 190 N Independence Mall West, Philadelphia, PA 19106 -1520 or scan form and ERH receipt and email to sbartels@dvrpc.org.