



# 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.

PRINT CLEARLY

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:

- ☐ 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 GOVERNMENT RATE) .....

DESTINATION ADDRESS .....

CO-WORKER NAME .....

PHONE .....

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.

EMPLOYEE SIGNATURE .....

DATE .....

## ATTACH RECEIPT FOR ERH AND MAIL FORM TO:

DVRPC ERH Program, 190 N. Independence Mall West, Philadelphia, PA 19106 / Phone: 215.592.1800 / [www.dvrpc.org](http://www.dvrpc.org)