

## Emergency Ride Home Refund Application

Use this form to apply for reimbursement for your Emergency Ride Home (ERH). Remember, you must be registered for the Emergency Ride Home service **before** your ride home was used. This refund application (and ERH ride receipt) must be submitted within 30 days of the ERH. Allow 45 days from receipt for review and reimbursement.

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **ext.** \_\_\_\_\_

**Employer/School:** \_\_\_\_\_

**Date and Time of ERH:** \_\_\_\_\_

**How did you travel to work or school the day you needed the ERH:**

- Bikepool
- Carpool
- Vanpool
- Transit (attach a photocopy of your transit pass – front and back of the pass)

**Reason for ERH:**

- Unscheduled overtime or late meeting (i.e., no advance warning)
- Sickness or accident of immediate family member (child, spouse, parent)
- Breakdown or accident of carpool vehicle on way to or from work/school (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/school early (i.e. sickness)
- Other unplanned personal emergency

*Please explain:* \_\_\_\_\_

**Type of Transportation Used for ERH:**

- Taxi Company: \_\_\_\_\_ Amount of taxi fare: \$ \_\_\_\_\_
- Rental Car Agency: \_\_\_\_\_ Amount of rental fee: \$ \_\_\_\_\_
- Other, please specify: \_\_\_\_\_ Amount of other fee: \$ \_\_\_\_\_
- Access \* no receipt required

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attach receipt** for ERH and mail to: SPC – CommuteInfo, 425 Sixth Ave. Suite 2500, Pittsburgh, PA 15219