

# 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 [cf franco@its-consulting.net](mailto:cf franco@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.