



Office use only

Fare amount: _____

Number of trips used: _____

Reimbursement amount: _____

Authorization: _____

Date: _____

Guaranteed Ride Home Reimbursement Request

Date received: _____

Commuter Information

Name _____

Address _____
STREET

CITY STATE ZIP

Preferred Customer Club ID number (on your ID card) _____

Signature _____

Travel Information

Reason(s) for using Guaranteed Ride Home (Check one):

Home emergency Unplanned overtime

Origin of taxi ride: _____

Company name: _____

Address _____
STREET

CITY STATE ZIP

Destination: Home Other (describe) _____

Name of taxi company: _____

Signature of driver: _____

Public Vehicle Number: _____

Date of travel: _____ Time of travel: _____

Full fare: _____

Attach receipt showing name of taxi company, date of travel, and full amount of fare to this form.

