

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 front and back of the transit 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 Service.

Signature: _____ Date: _____

Attach receipt and either mail to SPC – CommuteInfo, Two Chatham Center – Suite 500, 112 Washington Place, Pittsburgh, PA 15219 or you can scan and email the electronic file to CommuteInfo@spcregion.org.