

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. Receipts must include the transportation provider company name, date of the GRH trip, and the total trip amount paid.
- 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.

Email GRH Reimbursement Claim Form and receipt to: **Claire Franco, GRH Program, cfranco@its-consulting.net** or call **951-352-8229** for more information.

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

What mode of transportation did you use to get home:

- ☐ Metrolink ☐ Public bus ☐ Uber/Lyft/Other Transportation Network Company
☐ Metro Rail ☐ Taxi

Cost/Fare: \$ _____ [Include valid receipt with 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.