

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 for ERH and mail to: SPC – CommuteInfo, Two Chatham Center – Suite 500,
112 Washington Place, Pittsburgh, PA 15219**