



Emergency Ride Home Trip Summary Form

Use this form to apply for reimbursement for your Emergency Ride Home (ERH) trip. To be reimbursed for the trip, you must be pre-registered in Commuter Services' Emergency Ride Home Program before your ride home was used. This reimbursement form (and ERH ride receipt) must be submitted within 30 days of the ERH trip. Allow 45 days from receipt for review and reimbursement.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ -- _____ ext. _____

Date of Emergency: _____ Time of Emergency: _____

Trip Origin: _____ Trip Destination: _____

How did you get to work the day of the emergency?

Bicycle Carpool Transit Vanpool Walk Other, describe: _____

Reason for ERH:

Personal illness/emergency Carpool/Vanpool Driver had emergency/unexpected overtime
 Family illness/emergency Unscheduled overtime or late meeting Other

Please explain: _____

Transportation Used for ERH:

Taxi Company: _____ Amount of taxi fare: \$ _____

Other, please specify: _____ Amount of other fee: \$ _____

***** If another person drove you to your destination (friend, co-worker or family member), please fill out the information below:*****

Total round trip mileage for ERH trip: _____ x .51 (federal mileage reimbursement) = \$ _____

Name of Person who drove you: _____ Relationship: _____

Phone number: _____ Best time to contact for verification: _____

By signing below, I am confirming that this trip qualified for the Commuter Services Emergency Ride Home Program and that the information on this form is accurate, complete, and verifiable.

Commuter Signature: _____

**Attach receipt for ERH and Mail or Fax to: Commuter Services of Pennsylvania
2951 Whiteford Rd., Suite 201 York, PA 17402
Fax: 717.718.0020**

If you need assistance completing this form, please call Commuter Services at 1-866-579-RIDE