



## Emergency Ride Home (ERH) Reimbursement Claim Form

Please complete the form below in order to request reimbursement for your emergency transportation home.

Name: _____	
Home Address: _____	Work Address: _____
_____	_____
Daytime Phone number: (____) ____-____ ext. _____	

Date of Emergency: _____	Time of Emergency: _____				
Trip Origin: _____	Trip Destination: _____				
<b>How did you get to work on the day of the emergency? (Please circle)</b>					
Carpool	Vanpool	Bus	Walk	Bicycle	Other: _____
<b>Reason for needing the Emergency Ride Home: (Please circle)</b>					
Personal Illness/Injury	Family Illness/injury				
Unscheduled overtime	Carpool/Vanpool driver left early/stayed late				
Other (describe): _____					
_____					
<b>How did you get home? (Please circle)</b>					
Taxi Company	Total Amount of Fare: \$ _____	<b>You must attach your receipt.</b>			
Rental Car	Total Amount for Rental: \$ _____	<b>You must attach your receipt.</b>			
Ride From A Co-Worker or Friend					
Total round-trip mileage for the ride home: _____ x <b>.44</b> (state mileage reimbursement rate) = \$ _____					
Name of Person who provided ride home: _____		Relationship: _____			
Driver Contact Number: _____		Best time to contact for verification: _____ am/ pm			

By signing below, I am confirming that all of the above information is accurate. I am also confirming that I have read the reThink Emergency Ride Home program guidelines and understand that all ERH claims will be reviewed and reThink reserves the right to deny any claim that is not within program guidelines.

Commuter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach receipt (if applicable) and mail this reimbursement form to:**

Florida Department of Transportation, ATTN: reThink Emergency Ride Home  
133 S. Semoran Blvd.  
Orlando, Florida 32807

**If you need any assistance with this form please call reThink at 1-866-610-RIDE (7433).**