



Emergency Ride Home Reimbursement Claim Form

Please complete the form below in order to request reimbursement for your emergency transportation home. If you need assistance with this form, please call 866-610-RIDE (7433) or email ERH@reThinkYourCommute.com.

Name: _____

Home Address: _____

Employer Name & Address: _____

Daytime Phone: (____) _____ - _____

Email: _____

Date of Emergency: _____ Time of Emergency: _____

Trip Origin: _____ Trip Destination: _____

How did you get to work on the day of the emergency? (Please circle)

SunRail Carpool Vanpool Transit (bus) Walk Bicycle

Reason for needing the Emergency Ride Home: (Please circle)

Personal Illness/Injury Family Illness/injury

Unscheduled overtime Carpool/Vanpool driver left early/stayed late

Other (describe): _____

How did you get home? (Please circle)

Taxi / Lyft / Uber Total Amount of fare: \$ _____ **You must attach your receipt.**

Rental Car Total Amount for Rental: \$ _____ **You must attach your receipt.**

Ride From A Co-Worker or Friend

Total round-trip mileage for the ride home: _____ x .44 (state mileage reimbursement rate) = \$ _____

Name and Contact Information of Supervisor/Manager (for mileage reimbursement requests only):

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 Your Commute Emergency Ride Home program guidelines and understand that all ERH claims will be reviewed and reThink Your Commute/FDOT reserves the right to deny any claim that is not within program guidelines.

Commuter Signature: _____ Date: _____

PLEASE ATTACH SUPPORTING DOCUMENTS AND SUBMIT THIS REIMBURSEMENT FORM BY EMAIL, BY MAIL OR BY FAX.

<p>EMAIL scanned forms to ERH@reThinkYourCommute.com</p>	<p>MAIL TranSystems ATTN: reThink Your Commute 200 E. Robinson St., Ste. # 600, Orlando, FL 32801</p>	<p>FAX this form to 407-641-9989</p>
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OFFICE USE ONLY

DATE RECEIVED: _____ ID NUMBER: _____ DATE REGISTERED: _____