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.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Employer Name &amp; Address:</td>
<td></td>
</tr>
<tr>
<td>Daytime Phone: (__) <strong><strong><strong>-</strong></strong></strong>_</td>
<td>Email:</td>
</tr>
<tr>
<td>Date of Emergency:</td>
<td>Time of Emergency:</td>
</tr>
<tr>
<td>Trip Origin:</td>
<td>Trip Destination:</td>
</tr>
</tbody>
</table>

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.

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

OFFICE USE ONLY
DATE RECEIVED: _________ ID NUMBER: __________ DATE REGISTERED: __________