

**Eligibility Requirements**

- You must work for an employer enrolled in the Regional Guaranteed Ride Home (GRH) Program.
- You must have traveled to work that day using a rideshare arrangement (carpool, vanpool, public bus, Metro rail, Metrolink, walking or bicycle).
- The maximum allowable GRH reimbursed trips per fiscal year (July 1 – June 30) is two (2).
- A maximum 15% tip is allowed for reimbursement.
- You must complete this form and return it with your receipt(s) of transportation fees within 60 days from the date the service was utilized. Receipts must include the transportation provider company name, date of the GRH trip, and the total trip amount paid.
- Reimbursement Claim Forms received after 60 days will not be accepted and trip costs incurred shall become the responsibility of the employee and/or employer.

Email GRH Reimbursement Claim Form and receipt to: **Claire Franco, GRH Program, cfranco@its-consulting.net or call 951-352-8229 for more information.**

**Commuter Information (please print clearly):**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Employer Information:**

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Representative Name: \_\_\_\_\_  
Employer Representative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Travel Information:**

Date Guaranteed Ride Home was used: \_\_\_\_\_ Form of ridesharing used to get to work that day: \_\_\_\_\_

**Reason for needing Guaranteed Ride Home:**

- Personal/family illness                       Personal/family emergency                       Personal unexpected overtime  
 Carpool/vanpool driver unexpected overtime     Carpool/vanpool driver personal/family illness/emergency

**What mode of transportation did you use to get home:**

- Metrolink                       Public bus                       Uber/Lyft/Other Transportation Network Company  
 Metro Rail                       Taxi

**Cost/Fare:** \$ \_\_\_\_\_ [Include valid receipt with this form]

**Who paid for the expense? (check one)**

- Commuter/Employee     Employer     Third-Party Consultant – Consultant Name: \_\_\_\_\_

**Reimbursement check will be endorsed to appropriate party checked above.**

Participant's Signature: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_

*By signing this form, the Participant and Employer acknowledge all information stated above is true. The GRH Program has the right to request further documentation if needed. If the program Administrator determines the emergency ride was invalid or not authorized, the reimbursement will be denied.*