REIMBURSEMENT FORM

Please be reminded that in order to be reimbursed for your ride expenses, you must first be enrolled as a participant in the Alameda County Transportation Commission's Guaranteed Ride Home Program. You can enroll, and see the full program requirements, at grh.alamedactc.org.

When complete, please return this form and a copy of your receipt to Guaranteed Ride Home Program, c/o Nelson\Nygaard, 116 New Montgomery St. Suite 500, San Francisco, CA, 94105.

Please direct any questions to the GRH Hotline, 510-433-0320.

Your Name: ______________________________________________________
Your Phone Number: ______________________________________________________

Reimbursement request: $____.___ (up to $125 of eligible expenses per ride and $600 annually)

Date of your ride: __________________

Estimated trip mileage:

**Don't forget -- you must attach a copy of your ride receipt to this form in order to be reimbursed!**

Your Email: ______________________________________________________

Starting/pick-up Address: _____________________ City: ____________________

Destination/drop-off Address: _____________________ City: ____________________

Method of ride home (Please mark one):
☐ Taxi
☐ Rental car

Reason for your ride:
☐ Carpool or vanpool breakdown
☐ Carpool or vanpool driver had to stay late
☐ Family member illness
☐ Personal crisis
☐ Personal illness
☐ Rideshare vehicle not available

Unscheduled overtime (provide supervisor signature)
Supervisor signature: __________________________

Reimbursement request: $____.___ (up to $125 of eligible expenses per ride and $600 annually)

Estimated trip mileage: __________________________

Did you make any special stops on your trip (e.g. child’s school, ATM, drug store)?
☐ No  ☐ Yes: __________________________

Where should we send your reimbursement check?
Address Line 1: __________________________
Address Line 2: __________________________
City, State, Zip Code: __________________________

OR

PayPal
Using email address: __________________________
(Note: PayPal fees apply)

**OFFICE USE ONLY**
Request approved by: __________________________