

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, 1629 Telegraph Ave, Suite 400, Oakland, CA, 94612.

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

Your Name: _____

Your Email: _____

Your Phone Number: _____

How did you get to work on the day that you used Guaranteed Ride Home?

(Please mark one)

- Carpool
- Vanpool
- Public Transportation
- Bike
- Walk

Method of ride home (Please mark one):

- Taxi
- Rental car

Date of your ride: _____ Approximate time: _____

Starting/pick-up Address: _____ City: _____

Destination/drop-off Address: _____ City: _____

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 mail your reimbursement check?

Address Line 1: _____
Address Line 2: _____
City, State, Zip Code: _____

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



Alameda CTC coordinates countywide transportation planning and delivers the expenditure plan for the half-cent sales tax approved by 81.5 percent of county voters in 2000. For more information, visit www.alamedactc.org.

OFFICE USE ONLY
Request approved by: _____