



EMERGENCY RIDE HOME TRIP SUMMARY FORM

Use this form to apply for reimbursement for your Emergency Ride Home (ERH) trip. To be reimbursed for the trip, you must be pre-registered in Carpool South East Texas Emergency Ride Home Program before your ride home was used. This reimbursement form (and ERH ride receipt) must be submitted within 30 days of the ERH trip. Please allow up to 60 days from receipt for review and reimbursement. Reimbursement will not be provided without a valid receipt for taxi rides or car rental. ERH trips will be reimbursed up to \$100 per trip, with up to 4 trips maximum per year not to exceed \$400 total.

Please print information clearly

PERSONAL INFORMATION

Name: _____

Home Street Address _____

City: _____ State _____ Zip _____

Commuter's Mailing Address (Where the reimbursement check will be mailed, if different from physical address):

Street: _____ City _____

State: _____ Zip _____

Daytime Phone Number: (____) _____ ext.: _____

Email: _____ Employee's Company Name: _____

EMERGENCY INFORMATION

Date of Emergency: _____ Time of Emergency: _____

Trip Origin Address: _____

How many shifts does your company have?: _____

Street: _____ City: _____

State: _____ Zip: _____

Trip Destination Address: _____

Street: _____ City: _____

State: _____ Zip: _____

How did you get to work the day of the emergency? _____

Bicycle Carpool Transit Vanpool Walk Other, describe: _____

How often do you utilize the Carpool South East Texas Program? Daily Weekly Monthly Other : _____

Additional Comments: _____

Over →

REASON FOR ERH

- Personal Illness/ emergency Carpool/ Vanpool Driver had emergency unexpected overtime Family Illness/ emergency
- Unscheduled Overtime or late meeting Other: Please Explain: _____

Transportation Used for ERH: A maximum of \$100 of the trip amount will be reimbursed.

Taxi Company: _____ Amount of taxi fare: \$ _____

Other, please specify: _____ Amount of taxi fare: \$ _____

If another person drove you to your destination (friend, co-worker or family member), please fill out the information below:

Total round trip mileage for ERH trip: _____ x \$0.54 (federal mileage reimbursement) = \$ _____

Name of Person who drove you: _____ Relationship: _____

Phone number: _____ Best time to contact for verification: _____

APPROVAL

Company's Employee Transportation Coordinator: _____

Employee Transportation Coordinator Email Address: _____

Employee Transportation Coordinator Approval : _____

By signing below, I am confirming that this trip qualified for the Carpool South East Texas Emergency Ride Home Program and that the information on this form is accurate, complete, and verifiable.

Commuter Signature : _____

Attach receipt for taxi or rental car and mail to:

Carpool South East Texas, Attention: Seneca Williams, 1515 Poydras Street, Suit 2700, New Orleans, LA



 CARPOOLSETX.ORG

 844-WE-CARPOOL

 FACEBOOK.COM/CARPROOLSETX