

Guaranteed Ride Home Program Reimbursement Claim Form



Vera Tylecek
Rideshare
Program
AD 317

Eligibility Requirements

- > You must work for an employer enrolled in the Regional Guarantee 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 12-month period is two (2).
- > You must complete this form and return it with your receipt(s) of transportation fees **ASAP WHEN RETURNING BACK TO WORK** (Original or scanned copies will be accepted).

DO NOT MAIL RETURN TO EMPLOYEE TRANSPORTATION COORDINATOR – AD 317

Commuter Information (Please print and write clearly):

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Employer Information:

Employer Name: Los Angeles City College

Address: 855 North Vermont Avenue

Los Angeles, CA 90029

Employer Representative Name: Vera Tylecek (Employee Transportation Coordinator) Rideshare Program

Employer Representative Phone: (323) 953-4000, 2410 Email: tylecev@lacitycollege.edu

Travel Information:

Date Guaranteed Ride Home was used: _____

What form of ridesharing did you use 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 Other (Please explain) _____

What mode of transportation did you use to get home: Taxi Rental Car

Cost/Fare: \$ _____ [Attach receipt(s) to this form]

Who paid for the expense? (Check One)

Commuter/Employee

Reimbursement check will be endorsed to whichever is 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.

(ATTACH ALL ORIGINAL RECEIPTS)

August 2013