



GUARANTEED RIDE HOME

Reimbursement Claim Form

	Reinbursement Claim Form	
Eligibility Requirements		
• The employee must work for an employer with a current Employer Participation Agreement (EPA) on file with IE Commuter.		
• The employee must have traveled to work on the date of the claim using a rideshare arrangement (carpool, vanpool, public bus, Metro Rail, Metrolink, walking or bicycle).		
 The maximum allowable GRH reimbursed trips per employee per 12 month period is two (2). This form must be complete form and returned with receipt(s) of the transportation fees incurred within 30 days from the date the service was utilized. (Original or scanned copies will be 		
accepted).		
Mail completed form and receipts to:		
GRH Program		
c/o IE Commuter		
PO Box 10431 San Bernardino, CA 92423-0431		
EMPLOYEE INFORMATION		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	
EMPLOYER INFORMATION		
Employer Name: University of CA, Riverside		
Employer address: 900 University Avenue	-	
Riverside	state: CA	71P. Code: 92521
	State: UA	
Employer Representative: Tara Pueschel		Phone: 951-827-7433
Email: tara.pueschel@ucr.edu		
TRAVEL INFORMATION		
Date Guaranteed Ride Home was used:		
What form of RideSharing did the employee 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/TNC (e.g., Uber/Lyft)		
Cost/Fare: \$ (Please attach Receipt to this form)		
Who paid for the expense? (Check one)		
Commuter/Employee Employer Third Party/Consultant – Consultant Name:		
Reimbursement check will be endorsed to whichever is checked above.		
Employee's Signature:		
Employer Representative Signature:		
By signing this form, the Employee 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 ride was inconsistent with the orogram quidelines, invalid or not authorized, the reimbursement will be denied.		



01/19