











## **GUARANTEED RIDE HOME**

Reimbursement 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).

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		
<sub>City:</sub> Riverside	State: CA	ZIP Code: 92521
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) □ Rental Car □ Metrolink □ Metro Rail □ Public Bus		
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		



