



**EVERY
COMMUTE
COUNTS**

Emergency Ride Home Reimbursement Form

Please complete this form and mail it with the original receipt (please make a copy for your records) within 14 days of your Emergency Ride Home for the full reimbursement of your trip, up to 100 miles, including tip. Thank you for using the Emergency Ride Home Program.

Name: _____

Work Phone #: _____

Home/Cell Phone #: _____

Mailing
Address: _____

I regularly (check one):

Carpool - Identify your fellow carpooler(s) by name and email address:

Vanpool - Identify your vanpool and vanpool's POC by name:

Vanpool : _____ POC Name: _____

Ride the bus - Identify your bus route:

Bicycle - Identify your route:

Date of the Emergency Ride Home: _____

Method of Ride (check one): Taxi Cab
 Transit
 Transportation Network Company (i.e., uber, lyft)

Name of Transportation Service Provider: _____

Total Cost of Ride (including any tip if applicable): _____

Reason for Emergency Ride (Check one): My illness Family illness
 Overtime Other (Please explain):

Comments: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Receipt: YES NO

Paid: \$ _____

Registered ERH User: YES NO

Previous Use of ERH: YES NO Frequency: _____

Date Mailed: _____

www.EveryCommuteCounts.org



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