



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).
- 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:

Employer address:

City:

State:

ZIP Code:

Employer Representative:

Phone:

Email:

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)
 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 determines the ride was inconsistent with the program guidelines, invalid or not authorized, the reimbursement will be denied.

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