



a service of DART First State

1-888-RIDE-MATCH  
1-888-743-3628 Fax: 302-577-6066  
general@ridesharedelaware.org

## GUARANTEED RIDE HOME REIMBURSEMENT TRIP SUMMARY

\_\_\_\_\_  
DATE / TIME OF EMERGENCY

\$ \_\_\_\_\_  
REIMBURSABLE TRIP COST

\_\_\_\_\_  
TRIP ORIGIN

\_\_\_\_\_  
TRIP DESTINATION

**HOME ADDRESS** (OR WHERE YOU WILL RECEIVE YOUR REIMBURSEMENT CHECK):

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**How did you get to work on the day of the emergency?**

- Vanpool
- Carpool
- Bicycle
- Walk
- Transit

**Which Guaranteed Ride Home service did you use?**

- Taxi
- Rental car
- Mileage reimbursement: \_\_\_\_\_ *trip mileage*

**What caused the emergency?**

- Personal illness / emergency
- Unexpected overtime
- Family illness / emergency
- Carpool driver had emergency / unexpected overtime
- Other (please describe) \_\_\_\_\_

**FAX or MAIL COMPLETED FORM TO:**  
 RideShare Delaware - GRH Program  
 119 Lower Beech Street  
 Wilmington, DE 19805

\_\_\_\_\_  
COMMUTER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RIDESHARE DELAWARE PROJECT MANAGER

\_\_\_\_\_  
DATE

By signing the above, I am confirming this trip qualified for the GRH program.  
Please return this trip summary with the original receipt.