



a service of DART First State

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) _____

EMAIL or MAIL COMPLETED FORM TO:

RideShare Delaware - GRH Program
 119 Lower Beech Street
 Wilmington, DE 19805
 general@ridesharedelaware.org

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.