



1-888-RIDE-MATCH

1-888-743-3628

general@ridesharedelaware.org

GURANTEED 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)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

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 Uber/Lyft 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) _____

Commuters are required to use & track their clean commute in RideShare Delaware on the day they need an emergency ride.

- Logged commute through the RideShare DE App or Website within 30 days of your commute

EMAIL or MAIL COMPLETED FORM TO:

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

COMMUTER SIGNATURE _____

DATE _____

RIDESHARE DELAWRE PROJECT MANAGER _____

DATE _____

By signing the above, I am confirming this trip qualified for the GRH program. Please return the trip summary and a copy of your receipt
Commuter has up to 30 days to Log & Submit for reimbursement