



a service of DART First State

1-888-RIDE-MATCH

1-888-743-3628

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
- 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 DELAWARE PROJECT MANAGER _____ DATE

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