



## Emergency Ride Home Reimbursement Form

Please complete this form and return it with your original dated receipt of transportation fees for reimbursement through the Emergency Ride Home program.

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Check one of the following options:

I carpool to work

I bus to work

I bike to work

I vanpool to work

Date Emergency Ride Home program was used: \_\_\_\_\_

Taxi/car rental company used (*Metro Cars NOT accepted*) \_\_\_\_\_

Approximate one-way mileage: \_\_\_\_\_

Reason for ride:  Illness (self)  Illness (family)  Overtime  Damaged Bike

Other (please explain): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

go!pass #: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with original dated receipt within two weeks to:**

getDowntown Program, 328 S. Fifth Ave., Ann Arbor, MI 48104

Phone: 734.794.1876 - Email: [information@getdowntown.org](mailto:information@getdowntown.org)