Guaranteed Ride Home Program
Reimbursement Claim Form

Eligibility Requirements
> You must work for an employer enrolled in the Regional Guaranteed Ride Home (GRH) Program.
> You must have traveled to work that day using a rideshare arrangement (carpool, vanpool, public bus, Metro Rail, Metrolink, walking or bicycle).
> The maximum allowable GRH reimbursed trips per fiscal year (July 1 – June 30) is two (2).
> A maximum 15% tip is allowed for reimbursement.
> You must complete this form and return it with your receipt(s) of transportation fees within 60 days from the date the service was utilized. Original or scanned copies will be accepted.

Mail to: GRH Program, 7355 Magnolia Avenue, Riverside, CA 92504, ph. 951.352.8229

Commuter Information (please print and write clearly):
Name: ________________________________________________________________
Address: __________________________________________________________________________________________________________________________________
City: ___________________________________________________________________  State: ____________________________ Zip Code: ________________________
Phone:  ________________________________________________________________ Email: ____________________________________________________________

Employer Information:
Employer Name: ___________________________________________________________________________________________________________________________
Address: __________________________________________________________________________________________________________________________________
City: ___________________________________________________________________  State: ____________________________ Zip Code: ________________________
Employer Representative Name: _______________________________________________________________________________________________________________
Employer Representative Phone:  ___________________________________________  Email: ____________________________________________________________

Travel Information:
Date Guaranteed Ride Home was used: _____________________________________
Form of ridesharing used to get to work that day: _______________________________________________________________________________________
Reason for needing Guaranteed Ride Home:
☐ Personal/Family illness  ☐ Personal/Family emergency  ☐ Personal unexpected overtime
☐ Carpool/Vanpool driver unexpected overtime  ☐ Other (Please explain) __________________________________________

What mode of transportation did you use to get home:
☐ Taxi  ☐ Rental Car  ☐ Metrolink
☐ Metro Rail  ☐ Public Bus  ☐ Zipcar/Car2Go/Other Carsharing Co.
☐ Uber/Lyft/Other Transportation Network Co.

Cost/Fare: $________________________________________ [Attach receipt(s) to this form]

Who paid for the expense? (Check One)
☐ Commuter/Employee  ☐ Employer  ☐ Third-Party Consultant - Consultant Name: ___________________________________________________________

Reimbursement check will be endorsed to appropriate party checked above.

Participant’s Signature: _____________________________________________________________________________________________________________________

Employer Representative Signature: __________________________________________________________________________________________________________

By signing this form, the Participant and Employer acknowledge all information stated above is true. The GRH Program has the right to request further documentation if needed. If the Program Administrator determines the emergency ride was invalid or not authorized, the reimbursement will be denied.