



# 128 BUSINESS COUNCIL

## EMERGENCY RIDE HOME TRIP SUBMISSION FORM

**For instructions or to access this form as a fillable PDF, go to [128bc.org/resources](https://128bc.org/resources).**

Your Name: \_\_\_\_\_ Your Company: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ADDRESS WHERE REIMBURSEMENT CHECK WILL BE MAILED

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

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

### EMERGENCY INFORMATION

Date of Emergency: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ERH Cost (max \$50): \_\_\_\_\_

- Personal Illness
- Family Illness/Emergency
- Working Late
- Car/Vanpool Cancellation
- Other: \_\_\_\_\_

ERH Origin Address: \_\_\_\_\_

ERH Destination Address: \_\_\_\_\_

On the day of the emergency, I got to work by...

- Public Transit
- 128BC Shuttle
- Car/Vanpool
- Biking/Walking

My Emergency Ride Home was by means of...

- Uber/Lyft/Fasten
- Taxi
- Enterprise

How many days per month do you get to work using alternative transit? \_\_\_\_\_

*By signing below, I affirm that this trip qualified for the 128BC Emergency Ride Home Program, as described at [128bc.org/resources/#emergency-ride-home](https://128bc.org/resources/#emergency-ride-home), and that the information on this form is accurate.*

**Your Signature:** \_\_\_\_\_

### MEMBER COMPANY TRANSPORTATION COORDINATOR/MANAGER APPROVAL

Coordinator/Manager Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Coordinator/Manager Signature:** \_\_\_\_\_

### DID YOU ATTACH YOUR RECEIPT? Please allow up to 60 days for reimbursement.