

Parking Services

Carpool Emergency Ride Home Program

Reimbursement Form

Carpool members who registered in a carpool group with Parking Services may use the carpool emergency ride home program. For reimbursement, complete this form and submit it, with original transportation receipt, to Parking Services within 10 business days. Providing complete and accurate information is important to ensure reimbursement. Reimbursement will be made by bank deposit.

Full Name:

Last

First

Employee Number: _____

Building

Information:

Building

Room Number

Extension: _____

Carpool Permit: _____

Trip Information

Date: _____

Time of Departure: _____

Destination: _____

Total Cab Fare (including tip): _____

Justification

Personal Illness Family Emergency Emergency Overtime

Other

Please provide complete and precise information in order to be reimbursed.

I certify that the above information is true and meets all the emergency ride home program requirements. I understand that any false or inaccurate information will result in denial of reimbursement and may also result in the loss of my carpool privileges

Signature _____ Date _____

