

Guaranteed Ride Home Reimbursement Form

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

This form is for commuters who work in Washtenaw County.

Name: _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Email: _____ **Phone:** _____

Check one of the following options:

I participate in a carpool with:

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

I participate in a vanpool driven by:

Name: _____

Email: _____

Date Guaranteed Ride Home program was used: _____

Taxi/car rental company used (*Metro Cars NOT accepted*): _____

Approximate one-way mileage: _____

Reason for the ride: Illness (self) Illness (family) Overtime

Other (please explain): _____

How important is the GRH program in your decision to carpool or vanpool?

Very important

Somewhat important

Not important

Participant's signature: _____ **Date:** _____

Supervisor's signature (if overtime is assigned): _____ **Date:** _____

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

Ann Arbor Transportation Authority
2700 S. Industrial Hwy.
Ann Arbor, MI 48104
attn: Guaranteed Ride Home

Questions?

Email us: rideshare@theride.org
Phone: 877.971.POOL