



a service of DART First State

1-888-RIDE-MATCH

1-888-743-3628

Fax: 302-658-9002

RideShareDelaware@gmail.com

EMPLOYEE REIMBURSEMENT TRIP SUMMARY

DATE / TIME OF EMERGENCY _____ \$ _____ REIMBURSABLE TRIP COST

TRIP ORIGIN _____

TRIP DESTINATION _____

HOME ADDRESS (OR WHERE YOU WILL RECEIVE YOUR REIMBURSEMENT CHECK):

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

How did you get to work on the day of the emergency?

- Vanpool Carpool Bicycle Walk Transit

Which Guaranteed Ride Home service did you use?

- Taxi Rental car Mileage reimbursement: _____ trip mileage

What caused the emergency?

- Personal illness / emergency
 Unexpected overtime
 Family illness / emergency
 Carpool driver had emergency / unexpected overtime
 Other (please describe) _____

FAX or MAIL COMPLETED FORM TO:

RideShare Delaware - GRH Program
100 West 10th Street, Suite 307
Wilmington DE 19801

COMMUTER SIGNATURE DATE

RIDESHARE DELAWARE PROJECT MANAGER DATE

By signing the above, I am confirming this trip qualified for the GRH program.
Please return this trip summary with the original receipt.