



1-888-RIDE-MATCH

1-888-743-3628

general@delawarecommutesolutions.org

GURANTEED RIDE HOME REIMBURSEMENT TRIP SUMMARY

DATE / TIME OF EMERGENCY

\$ REIMBURSABLE TRIP COST

TRIP ORIGIN

TRIP DESTINATION

HOME ADDRESS (OR WHERE YOU WILL RECEIVE YOUR REIMBURSEMENT)

NAME:

STREET:

CITY: STATE: ZIP:

EMAIL: PHONE:

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 Uber/Lyft 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) _____

Commuters are required to use & track their clean commute with Delaware Commute Solutions on the day they need an emergency ride.

- Logged commute through the DE Commute Solutions App or Website within 30 days of your commute

EMAIL or MAIL COMPLETED FORM TO:

general@delawarecommutesolutions.org
Delaware Commute Solutions - GRH Program
119 Lower Beech Street
Wilmington, DE 19805

COMMUTER SIGNATURE

DATE

DELAWARE COMMUTE SOLUTIONS PROJECT MANAGER

DATE

By signing the above, I am confirming this trip qualified for the GRH program. Please return the trip summary and a copy of your receipt
Commuter has up to 30 days to Log & Submit for reimbursement