



# Guaranteed Ride Home Confirmation Report

For Office Use

We hope that the Guaranteed Ride Home service has assisted you with your unexpected travel needs. Completion of this follow-up report will insure that your ride will be reimbursed 80 percent.

Date Received \_\_\_\_\_

Registered in GRH  Yes  No

Taxi Receipt  Yes  No

Previous GRH  Yes  No

Frequency \_\_\_\_\_

Paid \$ \_\_\_\_\_

Mailed \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I regularly (*check one*)

**Carpool.** Please identify a fellow carpooler by name and phone number  
\_\_\_\_\_

**Vanpool.** Please identify your vanpool driver by name and phone number  
\_\_\_\_\_

**Ride the bus.** Please identify your bus route  
\_\_\_\_\_

**Bicycle.** Please identify your route  
\_\_\_\_\_

Date of guaranteed ride \_\_\_\_\_ Method of ride (*check one*)  Taxicab  Public Transit

Name of service provider \_\_\_\_\_ Total cost \_\_\_\_\_

**Reason for ride**  My Illness  Family Illness  Overtime  Other (*please explain*)  
\_\_\_\_\_

How important is the Guaranteed Ride Home service to your decision to carpool, vanpool or ride the bus to work?

Very Important  Important  Not Important

Comments \_\_\_\_\_

Please sign this report and mail your original receipt to Ticket to Ride within one week of the guaranteed ride home.

Signature \_\_\_\_\_ Date \_\_\_\_\_

