



Marin Emergency Ride Home Reimbursement Request

Please complete this form and submit it with receipts within 30 days from the date of the trip.

Only trips that are in compliance with the ERH Program Rules are eligible for reimbursement.

Your Name _____ Date of Ride _____

Phone Number _____ Email Address _____

Employer Name _____

Employment Address _____

Employer Contact Name (if needed for verification) _____

Employer/Supervisor Address _____ Email _____

College Name _____

College Address _____

Student ID Number (if needed for verification) _____

BY PROVIDING MY STUDENT ID NUMBER, I AUTHORIZE TAM TO CONTACT THE COLLEGE THAT I HAVE INDICATED TO VERIFY MY ENROLLMENT STATUS.

Reason for Emergency Ride Home:

- Personal Illness/Crisis
- Carpool/Vanpool Problem
- Family Member Illness/Crisis
- Bicycle Problem
- Unscheduled Overtime
- Other (explain): _____

Starting/pick-up address _____

Destination/drop-off address _____

Type of ride home taken:

- Taxi
- Uber
- Lyft
- Other (explain): _____

TOTAL COST _____ (attach receipts)

How you got to work or school on the day ERH was used:

- Bus
- Carpool
- Bicycle
- Train
- Ferry
- Vanpool
- Walk
- Other (please explain): _____

Address where you would like reimbursement to be sent to:

I AGREE TO THE EMERGENCY RIDE HOME PROGRAM RULES, which is available at:

<http://www.tam.ca.gov/wp-content/uploads/2017/12/Final-ERH-Program-Rules-with-Liability-Waiver-and-Assumption-of-Risk-12.12.17.pdf>

Your Signature (Required) _____

Please submit a completed Reimbursement Request form and receipt(s) documenting the emergency ride home to Marinerh@tam.ca.gov or mail all documents to the following address: Transportation Authority of Marin ERH Program, 900 5th Avenue, Suite 100, San Rafael, CA 94901.