CommuteSmart Birmingham

ERH EMERGENCY RIDE HOME
A COMMUTESMART PROGRAM

Employee Reimbursement Trip Summary

_____ $_____

Commuter Name Reimbursable Trip Cost

_____

Date / Time of Emergency

_____

Trip Origin

_____

Trip Destination

Home Address (Where you will receive your reimbursement check) :

_____

Street Address

_____ _____

City State Zip Code Phone Number

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

☐ Vanpool ☐ Carpool ☐ Bicycle ☐ Walk ☐ Transit

Which Emergency Ride Home Service did you use?

☐ Taxi ☐ Rental Car ☐ Mileage Reimbursement

What caused the Emergency?

☐ Personal illness / Emergency
☐ Family illness / Emergency
☐ Other (please describe) _____
☐ Unexpected overtime
☐ Carpool driver had an emergency / Unexpected overtime

Mail Completed Form to: 2 20th Street North – Suite 1200 – Birmingham, AL 35203

_____

Employee Signature Date

_____

ERH Coordinator Signature Date

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