



Guaranteed Ride Home Voucher for Pace VIP Participants

REQUEST FOR REIMBURSEMENT OF EMERGENCY TRANSPORTATION

Participant Name – Last _____ First _____ M.I. _____ Work Phone _____

Home Address _____ City _____ State _____ Zip _____

Indicate the purpose for the emergency need (check the appropriate box):

- Personal Family Emergency

Did you need to go to any location other than home?

- No Yes, enter location _____

Type of Transportation (check appropriate box):

- Taxi Limousine Public Transportation Rental Car

Employer _____ Department/Division _____

Employer Address _____ City _____ State _____ Zip _____

I certify that the above information is true and correct to the best of my knowledge. I also certify that I understand that I may be subject to transportation costs which are beyond the \$125 yearly limit of the Guaranteed Ride Home Program and that abuse of the program may cause disciplinary action by Pace.

Participant's Signature and Date _____

TRANSPORTATION PROVIDER – Please complete the appropriate information below and attach receipt. (Taxi or Limo A & B; Rental Car A Only)				
A	Name of Transportation Provider		Telephone Number	Vehicle License #
	Transportation Provider Address, City, State, Zip			Total Trip Mileage
B	Taxi/Limo Driver Name		Taxi/Limo Number	Federal Employer ID #
	ADDRESS PICKED UP FROM:	Time	Start Mileage	Meter
				\$
	ADDRESS TAKEN TO:	Time	End Mileage	Surcharge
			\$	
Passenger's Signature		Telephone #	Total Mileage	TOTAL
				\$