



Emergency Ride Home Reimbursement Form

Please use this form to apply for reimbursement for your Emergency Ride Home (ERH) trip. To be reimbursed for the trip, you must be registered in GO MAINE & recording green trips, on the date your trip occurred.

This reimbursement form (& ERH ride receipt) must be submitted within 30 days of the ERH trip.

ERH trips will be reimbursed up to 4 trips maximum per year. Please allow 4 weeks from when we receive the form for review & reimbursement. Reimbursement for Taxi/Uber/Lyft rides or car rental require a receipt/documentation for reimbursement to be provided. The ERH program is only valid for the *ride home from work* and not valid for the trip to work.

The reason for the ERH trip cannot be a situation that was known about prior to commuting to work that day.

For assistance, please contact us at rides@gomaine.org

Name: _____

Home Address (Mailing Address): _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ - _____ ext. _____ Email: _____

Employer (Company Name): _____ Work Hours: _____

Date of Emergency: _____ Time of Emergency: _____

Trip Origin: _____ Trip Destination: _____

How did you get to work the day of the emergency? Bicycle Carpool Bus Walk

Vanpool Train Other- Describe: _____

Reason for ERH: Please check a box below and also provide an explanation:

Personal illness or emergency Family illness or emergency Unexpected overtime or late meeting

Carpool/Vanpool Driver had illness, emergency or unexpected overtime Other

Please explain: _____

Transportation Used for ERH:

Taxi, Transit or Uber/Lyft: _____ Amount of fare: \$ _____

Other, please specify: _____ Amount of other fee: \$ _____

If another person drove you to your destination (friend, co-worker or family member), please fill out the following:

Total round trip mileage for ERH trip: _____ x \$.45 \$ _____

Start address: _____ End address: _____

Name of person who provided ride: _____ Relationship: _____

Phone number: _____ Best time to contact for verification: _____

By signing below, I am confirming that this trip is qualified for the GO MAINE Emergency Ride Home Program & the information on this form is accurate, complete, and verifiable.

Commuter Signature (or please type your full name): _____

Attach Receipt for Taxi/Uber/Lyft /Transit or Rental Car and Scan to Email: rides@gomaine.org