



GUARANTEED RIDE HOME REIMBURSEMENT CLAIM FORM

Missoula In Motion's Guaranteed Ride Home provides a safety net for sustainable commuters to cover those unexpected situations where you might find yourself without a way to get back home.

Eligibility Requirements

- ❖ The Guaranteed Ride Home Program is available to members of Way to Go! Missoula who regularly log at least one sustainable commute trip per week on the Way to Go! Missoula website. (waytogo.missoulainmotion.com)
- ❖ You must be pre-registered as a Way to Go! Missoula member at least 3 days prior to the first date that you request a Guaranteed Ride Home

Guidelines

- ❖ This program is for commuters who are trying to get **home from work (not to work)** in the event of illness, emergency, or unexpected overtime. If appropriate, you may also travel to another site such as a doctor's office, child's school, park and ride sites, etc.
- ❖ For use on days when eligible individual has commuted to work by sustainable means
- ❖ Must be an eligible rider (see above)
- ❖ For use up to **12** times per calendar year
- ❖ Will cover up to 50 miles
- ❖ Members must pay up front and submit this form for reimbursement
- ❖ Fill out and send in form and receipt via mail or email within 2 weeks of utilizing service
- ❖ GRH will reimburse any licensed taxi or rideshare service (Yellow cab, Uber, etc.)

Missoula In Motion has the right to refuse reimbursement to anyone if the form is not completed properly, the receipt is not included or if the program guidelines stated above are not followed. Please keep in mind that you **MUST be pre-registered with Way to Go! Missoula and must regularly log at least 1 sustainable trip per week.



missoula in motion
SEE COMMUTING DIFFERENTLY.



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****Please submit corresponding RECEIPT with completed form****

Return completed form and receipt to: Missoula In Motion
435 Ryman St.
Missoula, MT 59802 OR via email to: MIM@missoulainmotion.com

Name: _____ Phone: _____

Home Address: _____ Work Phone: _____

City: _____ Zip Code: _____

Employer: _____

Employer/Pickup Address: _____

City: _____ Zip Code: _____

Date Guaranteed Ride Home was used: _____

What mode of transportation did you use to get *TO* work on that day?: _____

Reason for needing Guaranteed Ride Home:

Personal/Family illness Personal/Family Emergency Personal unexpected overtime

Carpool/Vanpool driver unexpected overtime

Other (please specify): _____

Company used for ride home (Yellow cab, Green Taxi, Uber): _____

Cost/Fare: \$ _____

Participant Signature: _____ Date: _____

By signing this form, the Participant acknowledges all information stated above is true. The GRH Program has the right to request further documentation if needed. If the Program Administrator determines the emergency ride was invalid or not authorized, the reimbursement will be denied.