



## Guaranteed Ride Home Reimbursement Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Route taken to work: \_\_\_\_\_

Time of trip to work: \_\_\_\_\_

Time of Taxi Ride: \_\_\_\_\_

\*Taxi Fare Amount: \$ \_\_\_\_\_

\* We will reimburse up to \$50.

Reason for use:

- \_\_\_\_\_ Personal illness during normal work hours
- \_\_\_\_\_ Family emergency during normal work hours
- \_\_\_\_\_ Unscheduled, employer mandated overtime
- \_\_\_\_\_ Other\*\*

\*\* If you selected other, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail this form, the original signed and dated taxi fare receipt, a copy of your government issued ID and your vanpool captain name to the following address:

Denton County Transportation Authority  
P.O. Box 96  
Lewisville, TX 75067  
(972) 221-4600 (Phone)

For internal use only

Approval \_\_\_\_\_ Amount \$ \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_