

Emergency Ride Home (ERH) Reimbursement Request Form



Submit ERH reimbursement request form and original receipt to RideFinders within seven (7) business days after your ERH trip. Reimbursement is restricted to four (4) times per calendar year, per applicant while funding is available. Please print clearly.

Name _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Supervisor's Name & Phone Number _____

Work Address _____ Phone (work) _____ (home) _____

How did you travel to work on the day of your Emergency Ride Home? _____

Briefly explain the reason for the emergency need: _____

Total Reimbursement Requested \$ _____. Please attach original receipt.

Your Signature _____ Date _____

Supervisor's Signature – verifying emergency and/or work overtime requirement

Return the request to:
RideFinders • Attn: Client Services Coordinator • 1013 E. Main St. • Richmond, VA 23219
Fax copies will not be accepted

Please allow a minimum of two (2) weeks for verification and processing.
For more information, call RideFinders at 804-643-7433

FOR OFFICE USE ONLY:

Participant Verification Date _____ Verified By _____

Approved by _____ Request No. _____