

## *Emergency Ride Home Program Confirmation Report*

**All participants are required to complete and submit a Confirmation Report after using the program.**

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

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

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

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

Work Phone: \_\_\_\_\_ Date Service Used: \_\_\_\_\_

Type of Service: \_\_\_\_ Taxi \_\_\_\_ Rental Car \_\_\_\_ Lyft

I commute to work at least two days per week by:

- Carpool       Vanpool       Public Transportation       Bike/Walk.

Please indicate where you went :  Home       Other Destination (please specify): \_\_\_\_\_

Reason for the ride: \_\_\_\_\_

How long did you wait to be picked-up? \_\_\_\_\_

How important is the Emergency Ride Home Program to your participation in ridesharing?

- Very Important       Somewhat important       Not important

How has the experience compared with your expectations?

- Exceeded       Satisfied       Fallen short

Did you require the service before 8:00 AM or after 8:00 PM?     Yes (If yes, answer questions below)       No

*If you answered YES above:*

Did you pay directly for the service and now require reimbursement?     Yes  No

Which service was used?: \_\_\_\_ Taxi \_\_\_\_ Rental Car \_\_\_\_ Lyft

Amount of reimbursement?: \_\_\_\_\_

***Please attach a receipt.***

Comments/Suggestions:

\_\_\_\_\_

I affirm the above information is true to the best of my knowledge and understand fully the rules and regulations governing use of the service.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

***We hope that the Emergency Ride Home Program has assisted you with your unexpected travel needs. Completion of this follow-up report ensures that your ride will be completely paid for by your company.***

**Please submit the confirmation report to [info@ecommuter.org](mailto:info@ecommuter.org)**