



VANPOOL PROGRAM

# Guaranteed Ride Home (GRH)

## REIMBURSEMENT REQUEST VOUCHER

### INSTRUCTIONS

- ① Obtain a receipt from the taxi driver that includes:
  - taxi number
  - company
  - driver's name
  - mileage
  - fare amount
- ② In order to receive 100% reimbursement, fill in all information below. Submit the GRH form and receipt within 30 days of your ride home. A check will be sent to the user's address. For questions, please call 602.523.6062.

### PLEASE FILL IN OR PRINT

Date: \_\_\_\_\_ Vanpool # (or driver name): \_\_\_\_\_

GRH user's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of ride: \_\_\_\_\_ Taxi fare amount: \$ \_\_\_\_\_

Origin of taxi ride (street address): \_\_\_\_\_

Destination of taxi ride (street address): \_\_\_\_\_

Vanpool driver signature: \_\_\_\_\_

### REASON FOR USING GRH

### THIS IS MY (PLEASE CHECK ONE)

Home emergency    
  Work late    
  Personal business    
  Other    
                         
  1st GRH    
  2nd GRH

### EMAIL OR MAIL THIS FORM AND RECEIPT TO

Valley Metro  
 Attention: Vanpool Coordinator  
 101 N. 1st Avenue, Suite 1400  
 Phoenix, AZ 85003  
 vanpool@valleymetro.org

Valley Metro is free from any liability, claims and demands for personal injury, loss, theft or damage to personal property; loss of income; consequential damages resulting from delays or absence of a taxi; or termination of the program.

### DO NOT WRITE BELOW THIS LINE

Distribution Code: R-205000-1400-Vanpool-NC     Project: 2050     Activity: 7800

Check #: \_\_\_\_\_ Check amount: \_\_\_\_\_

Vanpool coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Department head: \_\_\_\_\_ Date: \_\_\_\_\_