EMERGENCY RIDE HOME REIMBURSEMENT REQUEST

Name: _________________________________ Employer: _________________________________

Home Address: _______________________________ Department: _________________________________

City: ____________________ Zip: ____________ Phone: Work ___________ Home _____________

1. How did you get to work on the day of the emergency? ____________________________________

2. Briefly explain the need for the emergency ride home _____________________________________

____________________________________________________________________________________

3. Did you need to go to any location other than home?   Yes  No

4. If yes, please list the place and reason: ________________________________________________

5. Total cost of cab ride or rental car: ____________________________($60 maximum reimbursement)

Your Name: _________________________________ Supervisor’s Name: __________________________

Your Signature: ______________________________ Supervisor’s Signature: _______________________

Date: _______________________________ Supervisor’s Phone No.: _______________________

Return the completed form and a copy of taxi or car rental receipt to:

Email to: theresa@tamcmonterey.org Questions? Call: 831.422.POOL

OR

Mail to: theresa@tamcmonterey.org Fax: 831.775.0897

TAMC EMAIL: theresa@tamcmonterey.org

TRANSPORTATION AGENCY FOR MONTEREY COUNTY

55B Plaza Circle, Salinas, CA 93901