



Employee Reimbursement Trip Summary

Commuter Name \$ _____
Reimbursable Trip Cost

Date / Time of Emergency

Trip Origin

Trip Destination

Home Address (Where you will receive your reimbursement check) :			

Street Address			
_____	_____	_____	_____
City	State	Zip Code	Phone Number

How did you get to work on the day of your emergency?

- Vanpool Carpool Bicycle Walk Transit

Which Emergency Ride Home Service did you use?

- Taxi Rental Car Mileage Reimbursement

What caused the Emergency?

- Personal illness / Emergency Unexpected overtime
 Family illness / Emergency Carpool driver had an emergency / Unexpected overtime
 Other (please describe) _____

Mail Completed Form to: 2 20th Street North – Suite 1200 – Birmingham, AL 35203 **Completed Form and receipt must be received within ten days of occurrence in order to qualify for reimbursement.**

Employee Signature Date

ERH Coordinator Signature Date

By signing the above, I am confirming this trip qualified for the ERH program. Please return this trip summary with the original receipt.