



# Guaranteed Ride Home Reimbursement Form For Employees of Enrolled PassFort Companies

Please complete this form, attach the original taxi receipt and documented proof of the emergency and mail to Transfort within 90 days from using the Guaranteed Ride Home service. If you have questions, please call (970) 221-6620.

**Mail to:** Transfort – GRH Service, 6570 Portner Road, Fort Collins, CO., 80525.

## Guaranteed Ride Home (GRH) Service Participant

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

GRH Participant's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ **Transfort Pass #:** \_\_\_\_\_

(located on back of pass)

## Employer Information

Employer Contact Name: \_\_\_\_\_ Employer Contact Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Reason for Needing GRH Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of the entire trip (excluding tip): \$ \_\_\_\_\_

Check to be made out to (check one):  employer  employee

Did the trip include going to any locations other than home\*?  Yes  No

If yes, please explain: \_\_\_\_\_

\*Brief intermediate stops will be allowed only if it relates to the emergency for which the GRH service is being used. Refer to GRH policies.

Employee Signature

Employer Signature

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_