

# Emergency Ride Home Program

319-353-5770- <https://transportation.uiowa.edu/alternative-transportation/employee-van-pool-program/emergency-ride-home-program>

## Request for ERH Reimbursement

\* For participants in the Employee Van Pool and Employee Bus Pass Programs. ERH can be used up to 3 times and not to exceed cumulative total of \$100 per fiscal year (July 1st - June 30th.)

1) Name \_\_\_\_\_ UNIV ID # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Home/Cell Phone Number \_\_\_\_\_

2) I participate in:

Employee Van Pool (31024/6235/00090)     Employee Bus Pass Program (31024/6235/30090)

3) Trip Information:

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

Taxicab/E-Taxi fare cost: \_\_\_\_\_ Taxicab/E-Taxi used: \_\_\_\_\_  
+tip if applicable \_\_\_\_\_

Gratuity (tip) should be a reasonable amount not to exceed 20% of fare cost

Destination: \_\_\_\_\_ One-way mileage: \_\_\_\_\_

4) Reason for the ride:

My illness

Family illness

Personal emergency    please briefly explain: \_\_\_\_\_

5) I certify the above information is true and meets all of the ERH Program requirements.  
I understand that incorrect information given may result in denial of ERH reimbursement.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

6) Please include taxicab/e-taxi receipt and copy of your absence report

7) Please submit within 30 days via mail or campus mail to:

Parking and Transportation  
attn: Commuter Programs  
The University of Iowa  
100 WCTC  
Iowa City, IA 52242

For Office Use Only

Parking Administration Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

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

Print Form

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