

Emergency Ride Home Program

319-353-5770 - <http://transportation.uiowa.edu/emergency-ride-home-program>

Request for ERH Reimbursement

* For participants in the 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 Phone Number _____

2) I participate in:

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

3) Trip Information:

Date: _____ Time: _____

Taxicab fare cost: _____ Taxicab 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

Attach taxicab receipt and copy of your absence report
and 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: _____