

Safe Ride Home Verification Form

Submit to: saferide@trpc.org

***Please attach receipt**

***Reimbursement allowed for emergency ride home up to \$100**

***Tips are not included**

ETC Name: _____

Agency: _____

Email: _____

Phone: _____

Employee who used the
Emergency Ride Home: _____

Email: _____

Phone: _____

Mailing Address: _____

Reason for emergency ride home:

ETC Signature
(electronic signature accepted)

Employee Signature
(electronic signature accepted)

These signatures verify that this was a valid emergency ride home for a CTR program user.

TRPC will contact the employee via email to process the reimbursement for the ride home.