

## Upper Valley TMA Reimbursement Form for Emergency Ride Home

Reimbursement Request Form
Name:
Email Address:
Home Mailing Address with town, state, and zip code:
Employer address:
Commute mode used to get <b>to work</b> on day of emergency:
Describe/identify emergency type:
Date of Emergency:
Identify mode used to <b>get home</b> : <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Transit
Signature of Commuter:
Please submit this form with your original emergency ride receipt. Gratuities are not reimbursable. Abuse of the ERH results in removal from the benefit. Submit your request within 10 business days of the emergency to:  <p style="text-align: center;"><b>UVTMA-ERH</b> <b>c/o Vital Communities</b> <b>195 North Main Street</b> <b>White River Junction, VT 05001</b></p>

### Commuter Eligibility

1. you must work within the AT service area
2. you must commute by carpool, bus, bike, or walk on day of emergency

### Qualifying emergencies

- unexpected personal or family illness or emergency
- carpool driver has illness or emergency
- unscheduled overtime at place of employment
- potentially dangerous weather for bicyclists and walkers

### Non-qualifying situations

- rides TO work
- personal errands or pre-planned appointments during the workday
- scheduled or recurring overtime
- transit system failures

### Allowable destinations

- home
- park & ride lot
- child's daycare or school
- necessary interim stops