

## EMPLOYEE REIMBURSEMENT TRIP SUMMARY

\_\_\_\_\_  
DATE / TIME OF EMERGENCY

\$ \_\_\_\_\_  
REIMBURSABLE TRIP COST

\_\_\_\_\_  
TRIP ORIGIN

\_\_\_\_\_  
TRIP DESTINATION

**HOME ADDRESS** (WHERE YOU WILL RECEIVE YOUR REIMBURSEMENT CHECK):

\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

How did you get to work on the day of the emergency?

- Vanpool  Carpool  Bicycle  Walk  Transit

Which Emergency Ride Home service did you use?

- Taxi  Rental car  Mileage reimbursement

What caused the emergency?

- Personal illness / emergency  
 Unexpected overtime  
 Family illness / emergency  
 Carpool driver had emergency / unexpected overtime  
 Other (please describe) \_\_\_\_\_

**MAIL COMPLETED FORM TO:**

1731 1<sup>ST</sup> Avenue North  
Suite 200  
Birmingham, AL 35203

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ERH COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE

By signing the above, I am confirming this trip qualified for the ERH program.  
Please return this trip summary with the original receipt.