

Refund Application



Use this form to apply for reimbursement for your Emergency Ride Home (ERH). Remember, you and your employer must be pre-registered for the Emergency Ride Home Program before your ride home was used.

Payment Information

Name: _____

Mailing Address: _____

City: _____ Zip: _____

Employer: _____

Employer Transportation Coordinator's (ETC)

Name: _____

Phone: _____

Ride Information

Date and Time of ERH: _____

Reason for ERH:

- Child injured or sick
- Personal Illness
- Carpool/vanpool vehicle unavailable for its usual schedule
- Other unplanned personal emergency. Please explain: _____

Type of Transportation Used for ERH:

- Taxi Company: _____ Amount of taxi fare: \$ _____
- Rental Car Agency _____ Amount of 24-hour car rental fee: \$ _____

We certify that the above described Emergency Ride Home was required for an unplanned personal emergency and meets all of the requirements of the Emergency Ride Home Program.

Employee Signature: _____

ETC Signature: _____



Attach receipt from transportation provider and mail to Traffic Solutions,
260 N. San Antonio Rd. Suite B, Santa Barbara, CA 93110