

**REQUEST FOR GUARANTEED RIDE HOME REIMBURSEMENT**

For Guaranteed Ride Home reimbursement, please complete the information requested below, attach receipts, and submit to Human Resources.

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Total to be Reimbursed: \$** \_\_\_\_\_

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**



To be completed by Human Resources:

Trip reviewed and approved by HR

Maximum eligible for year: \$ 400.00

Amount to be reimbursed: \$ \_\_\_\_\_

Total used for year: \$ \_\_\_\_\_

Amount remaining for year: \$ \_\_\_\_\_

\_\_\_\_\_  
**Human Resources' Approval**

\_\_\_\_\_  
**Date**