

TRIP SUMMARY

COMMUTER INFORMATION

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Email Address: _____

Employer/Location: _____

TRIP INFORMATION

Date/Time of Emergency: _____ Trip Origin: _____

Trip Destination (including interim stops): _____

Reimbursable trip cost (tips not included): _____

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

- Carpool Transit/Bus Bicycle Walk Vanpool

Which Guaranteed Ride Home service did you use?

- Lyft, Uber, or Taxi Rental Car Transit/Bus Co-worker/Friend

What caused the emergency?

- Personal illness/emergency Family illness/emergency
 Unexpected overtime Carpool driver had emergency/unexpected overtime

Employee Signature: _____ Date: _____

GRH Coordinator Signature: _____ Date: _____

GRH Coordinator Printed Name _____ Phone: _____

Mail Trip Summary with a copy of the original receipt to ClubRide@rtcsonv.com or mail to:
RTC Club Ride 600 S. Grand Central Parkway, Las Vegas, NV 89106