



**EMERGENCY RIDE HOME CONFIRMATION FORM**

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

Harvard University ID #: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you need to go to any location other than home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list location: \_\_\_\_\_

Reason for transportation request: \_\_\_\_\_

**I affirm that the above information is true to the best of my knowledge, and understand fully the rules and regulations governing the use of this service.**

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMPLETE THIS SECTION AT END OF TRIP**

Estimated total mileage: \_\_\_\_\_

Driver's name or taxi #: \_\_\_\_\_

**I affirm that the above information is true. I understand fully and agree to the rules and regulations governing the use of this service as outlined in the Guidelines.**

**Employee Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

After use of the Emergency Ride Home Service, please fax this confirmation to the **CommuterChoice Office** at (617) 495-9119 or mail to: **CommuterChoice Program, 46 Blackstone Street, 1<sup>st</sup> floor, Cambridge, MA 02139.**