



## Request for Taxi Fare Reimbursement

Please complete and send with receipt to:

TARTA Guaranteed Ride Home

PO Box 792

Toledo, OH 43697

419.243.RIDE | TARTA.com

### Commuter Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

TARTA Guaranteed Ride Home ID number \_\_\_\_\_

Signature \_\_\_\_\_

### Travel Information

Reason(s) for using TARTA Guaranteed Ride Home (Check one):

Home emergency     Unplanned overtime

Origin of taxi ride: \_\_\_\_\_

Company name: \_\_\_\_\_

Address \_\_\_\_\_

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

Destination:  Home     Other (describe) \_\_\_\_\_

Name of taxi company: \_\_\_\_\_

Signature of driver: \_\_\_\_\_

Public Vehicle Number: \_\_\_\_\_

Date of travel: \_\_\_\_\_

Time of travel: \_\_\_\_\_

Full fare: \_\_\_\_\_

*Please attach receipt showing name of taxi company, date of travel, and full amount of fare to this form.*