



EMERGENCY RIDE HOME (ERH) USE REIMBURSEMENT REQUEST FORM

Please see Pierce Transit's Emergency Ride Home Program Terms for eligible ERH use.

Van #:	GIN:
Full Name:	
Street Address:	City, Zip Code:

Date ERH taken:
Reason Trip Requested:
Pick up Address:
Drop off Address:
Other Stop Address, if needed:
Fare (excluding tip):

Requestor's Signature:
Date Signed:

Please submit your completed request form and a receipt copy to Pierce Transit Vanpool for approval and reimbursement:

Fax: 253.444.2559

Email: vanpool@piercetransit.org

Mail: Pierce Transit, ATTN: Vanpool, PO Box 99070, Lakewood, WA 98496-0070