



EMERGENCY RIDE HOME REIMBURSEMENT REQUEST

Name: _____ Employer: _____

Home Address: _____ Department: _____

City: _____ Zip: _____ Phone: Work _____ Home _____

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

2. Briefly explain the need for the emergency ride home _____

3. Did you need to go to any location other than home? **Yes** **No**

4. If yes, please list the place and reason: _____

5. Total cost of cab ride or rental car: _____ (\$60 maximum reimbursement)

Your Name: _____ Supervisor's Name: _____

Your Signature: _____ Supervisor's Signature: _____

Date: _____ Supervisor's Phone No.: _____

Return the completed form and a copy of taxi or car rental receipt to:

Email to:

theresa@tamcmonterey.org

OR

Mail to:

TAMC
55B Plaza Circle, Salinas, CA 93901

Questions?

Call: 831.422.POOL

Fax: 831.775.0897

Email: theresa@tamcmonterey.org

