

# **EMERGENCY RIDE HOME TRANSPORTATION VOUCHER**

#### This form to be used ONLY with a contracted taxi company or Enterprise Car Rental

(see page 2 for a list of contracted companies).

This form is to be completed by Dibs commuter: Please print legibly and make a copy to submit.

Name:	Phone: ()	
Home Address:	Work Phone: ( )	
City:	Zip Code:	
Employer:		
Employer/Pickup Address:	_	
City:	Zip Code:	
Supervisor's Name:	Phone: ()	
Destination Address:		
Type of Emergency:	_	
Company Called for Ride:	Phone: ()	
(i.e. Yellow Cab, Enterprise, etc.)  Rider's Signature:  TO BE COMPLETED BY TAXI DRIVER:	Date://	
Taxi Company Name:	Trips 20 miles or less	
Driver's Name:	Flat rate \$40 + 5% gratuity= \$42 <u>Trips over 20 miles</u>	
Starting Time: AM/PM Ending Time AM/PM	Flat rate \$40 +2.50 each mile over 20 mi + 10% gratuity:	
Starting Odometer: Ending Odometer:	Flat rate= \$40 +[\$2.50 xmiles] =\$	
Total Miles: Type of Trip: Single ( ) Sh	sared ( ) Subtotal = \$	
Comments:	+ 10% gratuity = \$ Total Invoice = \$	
TO BE COMPLETED BY ENTERPRISE RENTAL REPRESENTATIVE: SOURCE CODE 30D1314		
Time call received: am/pm Auto Pick-up/Deli	ivery time: am/pm	
Vehicle Type: Starting Odometer:	Ending Odometer:	
Estimated Charges: \$ Enterprise Source Code # 30D1314		
ERAC Representative:	Phone: ()	

Mail or email completed form within 7 days to: Dibs, 555 E. Weber Ave., Stockton, CA 95202, info@dibsmyway.com.

#### **ERH PROGRAM PROCEDURE**

- You must use alternative transportation to and from work at least (3) three times each week. Transportation alternatives include carpool, vanpool, public transit, walk or bicycle.
- ❖ You must be pre-registered in the ERH Program at least 3 days prior to first usage.
- Your carpool or vanpool must be registered with Dibs.
- Your pickup point must be at your employer worksite.
- ❖ You can use the program 4 times per year.
- If using a taxi, you can use a onetime 10-minute stop to your destination point (i.e. to pick up a sick child from school).
- If you use a rental car, you must return the car to the office where it was rented from within 24 hours (Dibs will not pay for rentals over the 24-hour limit or for luxury cars).
- ❖ You must turn in your travel voucher within 7 days of usage.

#### **ELIGIBLE REASONS TO USE ERH PROGRAM**

- ❖ You are ill and cannot wait for your regular ride home.
- ❖ Your supervisor asks you to work UNSCHEDULED overtime.
- A close family member is seriously ill, has been in a serious accident or has passed. A close family member is a parent, sibling, spouse, child or significant other.
- A serious problem or crisis arises. For example:
  - ✓ Your child's school or daycare notifies you of a situation that requires immediate attention.
  - ✓ There is damage to your home or property.
  - ✓ The driver of your carpool or vanpool has to leave early due to an emergency and you are left stranded. In this situation, all riders should use the ERH program together in one vehicle if possible.

#### **ELIGIBLE HAILING COMPANIES CONTRACTED WITH DIBS**

SAN JOAQUIN COUNTY	STANISLAUS COUNTY	MERCED COUNTY
Yellow Cab (209) 465-5721 United Cab/Metro Cab (209) 888-8888 Enterprise (800) 736-8222 Source Code: 30D1314	United Cab/Metro Cab (209) 888- 8888 Yellow Cab (209) 465-5721 Enterprise (800) 736-8222 Source Code: 30D1314	Enterprise Car Rental 800 736-8222 Obtain source code from transportation voucher

<sup>\*</sup>Dibs will pay 100% of your bill up to \$75. Exceptions to the \$75 limit will be reviewed on a case-by-case basis.

Go to <a href="https://www.dibsmyway.com/emergency-ride-home/">https://www.dibsmyway.com/emergency-ride-home/</a> for additional information on the Emergency Ride Home Program.



# EMERGENCY RIDE HOME PROGRAM REIMBURSEMENT REQUEST

Please complete form and print legibly. Refer to page 4 for additional information.

1) Name:	P	hone: ()
Home Address:		Vork Phone: ()
City:Zip Code:		
Work Hours:	<u>a.m/p.m</u> to	a.m./p.m.
Employer:		
	Zip Code:	
Supervisor's Name:	P	hone Number ()
2) Name of Taxi/Rental/Hailing	g Company Called:	Yellow Cab, Enterprise, Uber, Lyft, etc)
Phone Number Called:	Aı	nswered by:
Time called:: am/pm Tim	ne Picked Up:: am/pm Time	Propped off::am/pm
Pick -up Address:		
Destination Address:		
3) Type of Emergency:		
Rider's Signature:		Date://
4) Amount Charged: \$		5) Forward this form with original
Tip (not to exceed 15%):		receipt from hailing company to: Dibs
Total Reimbursement:		555 E Weber Ave.
		Stockton CA 95202 info@dibsmyway.com
Comments:		INCOMPLETE FORMS WILL BE
HAVE QUESTIONS? CALL 800 52	.7-4273 (8am-5pm / Mon - Fri)	RETURNED UNPAID!

# YOU MUST BE PRE-REGISTERED WITH DIBS AND IN THE ERH PROGRAM TO USE THIS SERVICE THIS FORM IS NOT TRANSFERRABLE

- You must use alternative transportation to and from work at least (3) three times each week. Transportation alternatives include carpool, vanpool, public transit, walk or bicycle.
- ❖ You must be pre-registered in the ERH Program at least 3 days prior to first usage.
- Your vanpool must be registered with Dibs.
- Your starting point or work destination be within San Joaquin, Stanislaus or Merced Counties.
- Your pickup point must be at your employer worksite.
- You can use the program 4 times per year.
- If you use a taxi, Uber, Lyft or other ride hailing service, you can use a onetime 10-minute stop to your destination point (i.e. to pick up a sick child from school).
- You must turn in your reimbursement request within 7 days of usage.

## **ELIGIBLE REASONS FOR USING THE EMERGENCY RIDE HOME PROGRAM**

- You are ill and cannot wait for your regular ride home.
- Your supervisor asks you to work UNSCHEDULED overtime.
- A close family member is seriously ill, has been in a serious accident or has passed. A close family member is a parent, sibling, spouse, child or significant other.
- A serious problem or crisis arises. For example:
  - ✓ Your child's school or daycare notifies you of a situation that requires immediate attention.
  - ✓ There is damage to your home or property.
  - ✓ The driver of your carpool or vanpool has to leave early due to an emergency and you are left stranded. In this situation, all riders should use the ERH program together in one vehicle if possible.

## THE FOLLOWING INFORMATION IS EXTREMELY IMPORTANT TO UNDERSTAND

- If you live 20 miles or less from your worksite, call a ride hailing company of your choice. If you live more than 20 miles from your worksite, call a car rental company. In either case, Dibs will pay 100% of your bill up to \$75. Exceptions to the \$75 limit will be reviewed on a case-by-case basis.
- If you use a taxi, Uber, Lyft or other ride hailing company, you are allowed ONE 10-minute stop before your final destination. For example, you may need to pick up your child at school (10 minutes), then continue to your final destination.
- Car rentals must be returned to the same location it was rented from within 24 hours. Dibs will not be responsible for charges that occur after 24 hours!
- Car rentals must have the gas tank re-filled to the level it was when rented. Dibs will not pay for gas charges.
- Within 7 days of using the Emergency Ride Home Program, return the completed Reimbursement Request form and the original ride hailing/rental receipt to Dibs, 555 E. Weber Ave., Stockton, CA 95202, or send via email to info@dibsmyway.com.

Dibs has the right to refuse reimbursement to anyone if the form is not complete, the original receipt is not included, or if the guidelines of the ERH program are not followed. Please keep in mind that you MUST be pre-registered with Dibs and the ERH program showing that you are in a vanpool, carpool, or use transit on a regular basis.