



# San Francisco Emergency Ride Home Program Original Receipt(s) and Supervisor Approval Form

To request a reimbursement, attach a copy of your original receipt(s) and supervisor approval form onto the online reimbursement request form. You may also mail this form and receipts to:

San Francisco Emergency Ride Home Program  
1455 Market Street, Ste. 1200  
San Francisco, CA 94103

Your: **1)** online request form, **2)** receipt(s) and **3)** supervisor approval must be received within 30 days from date of trip, and by June 30 of the current fiscal year. Your reimbursement will not be processed if we do not receive all three items within the specified time period.

Company/Department:	
Employee Name:	Date of Ride:

Please tape your original receipt(s) in the space below or on a separate page:

### Supervisor Approval

By signing below, you acknowledge that you are aware and approve of your employee's Emergency Ride Home request.

Supervisor Name:	
Supervisor Phone #:	Supervisor E-mail:
Supervisor Signature:	

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