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Courtesy Cab/Emergency Ride Home—Instructions & Reimbursement Request Form

Participant Steps

1. **BEFORE** using Courtesy Cab/Guaranteed Ride Home, please be sure to check and find out if your employer has a guaranteed ride home program. You must use up all of your own employer's authorized trips before becoming eligible for KC Metro's Commuter Van Courtesy Cab/Guaranteed Ride Home program.
2. Call taxi of your choice when you need a guaranteed/emergency ride—app-enabled Uber and Lyft rides also accepted!
3. Pay for the ride and request and receive a receipt from the taxicab driver or from the app.
note: tips are not eligible for reimbursement.
4. Complete the **Courtesy Cab/Emergency Ride Home Reimbursement Request Form** below.
5. **Scan and email completed form and receipt to your commuter van Accounting Representative.**

You may also mail the receipt and completed Reimbursement Request Form to:

King County Metro – Rideshare Operations, mail stop KSC-TR-0812
201 South Jackson Street, Seattle, WA 98104-3856.

Please allow at least three weeks to receive reimbursement for any eligible Courtesy Cab/Guaranteed Ride Home.

LIMITATIONS—A maximum number of up to six Courtesy Cab rides per calendar year, including no more than two rides for the purpose of unscheduled overtime work. No ride may be more than 60 miles in length one-way. Emergencies eligible for a ride include: personal or family member illness; working late unexpectedly (but no more than twice within the calendar year); or other emergencies that arise during the work day as reviewed and authorized by Metro Rideshare Operations staff

Courtesy Cab/Emergency Ride Home Reimbursement Request Form (please print)

Date of taxicab ride: ___/___/___ Time taxicab picked you up: _____: _____ AM or PM (please circle one)

Your Pick-up Location's Address: _____

Your Destination Address: _____

Your Reason for This Emergency Taxi Ride: _____

Taxicab Fare charged (do not include tip): \$____.____ Trip Length Mileage: _____

Total Number of Courtesy Cab Rides You've Used This Year, Including This One: _____

Total Number of Courtesy Cab Rides You've Used This Year for Unscheduled Overtime Work: 1 or 2 (if applicable, circle one)

Your Full Name: _____

Your Mailing Address: _____

Your Employer: _____ Your Work Phone Number: (____) _____ - _____

Your Work or Home email address: _____

Your Commuter Van HOV Number: _____ Your Commuter Van Group ID Number (GIN): _____

Your Primary Driver's Full Name (please print): _____

FOR OFFICE USE ONLY

I certify that I have reviewed this request and the above Commuter Van Participant is entitled to reimbursement for these Courtesy Cab Program taxicab emergency transportation fees.

KCM RO staff approval/date: _____ / _____



kingcounty.gov/metrovans
206-625-4500

