



Central Midlands Transit

Emergency Ride Home

REIMBURSEMENT REQUEST VOUCHER

INSTRUCTIONS

1. Obtain a receipt from the taxi driver or from Lyft or Uber that includes:
 - taxi number
 - company
 - driver's name
 - mileage
 - fare amount
2. In order to receive 100% reimbursement, fill in all information below. A check will be sent to the passenger's address. For questions, please call (803) 255-7100.
3. Maximum trip expense is \$75.00.
4. This is only for Vanpool and Routes 44X, 53X, 92X and 93X customers.
5. Attach copies of your receipt to the voucher.

PLEASE FILL IN OR PRINT

Date: _____ Vanpool # or Route # (or driver name): _____

Passenger name: _____ Phone: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Date of ride: _____ Taxi/Lyft/Uber fare amount: \$ _____

Origin of taxi/Lyft/Uber ride (street address): _____

Destination of taxi/Lyft/Uber ride (street address): _____

REASON FOR USING EMERGENCY RIDE HOME PROGRAM

- Home/family
- Work late
- Personal business
- Child care issue

THIS TRIP IS MY:

_____ of _____ trip.

Please email or mail this form and any necessary receipts to: The COMET, Attn: Emergency Ride Home Program, 3613 Lucius Road, Columbia, SC, 29201 or email: info@CatchTheCOMETSC.gov or fax to: (803) 255-7113.

The COMET is free from any liability, claims and demands for personal injury, loss, theft or damage to personal property; loss of income; consequential damages resulting from delays or absence of a taxi, Lyft or Uber; or termination of the program.

DO NOT WRITE BELOW THIS LINE

Check #: _____ Check amount: _____

Administrative & Customer Service Specialist: _____ Date: _____

Director of Finance/CFD: _____ Date: _____

