



Guaranteed Ride Home Confirmation Report

Background Information

Name (print): _____

Company: _____

Work Phone: _____

Supervisor: _____

Use of the Guaranteed Ride Home Program

How did you commute to work on the day you used the Guaranteed Ride Home Program?

Transit Carpool Vanpool Bike Walk

Other (please specify): _____

If you carpool or vanpool, please provide the names and employer of your carpool/vanpool partners:

Date of Guaranteed Ride Home Use: _____ Time: _____ Cost/Fare*: _____

**** Please attach the pink copy of the Boston Cab Company voucher, the Select Car Rental Receipt or the Private Bus Carrier Receipt to the Confirmation Report. ****

From: _____ To: _____

Reasons for using the Guaranteed Ride Home Program: _____

Evaluation of the Program

Did the Guaranteed Ride Home Program and transportation provider meet your needs?

Yes No (please explain below under additional comments)

Additional Comments: _____

I certify that all the information above is correct and in accordance with the guidelines and procedures of the Seaport TMA's Guaranteed Ride Home Program.

Signature: _____ Date: _____

This form must be completed within one week of the GRH service use and returned to your Employee Transportation Coordinator and Supervisor for signature.

ETC Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

When complete, MAIL to:

Guaranteed Ride Home
 c/o Seaport TMA
 200 Seaport Boulevard, Mailzone Z1A, Boston, MA 02210