



SEAPORT TMA GUARANTEED RIDE HOME  
CONFIRMATION REPORT

**Employee Section**

Name (print): \_\_\_\_\_

Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Guaranteed Ride Home Usage Details**

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

Transit     Carpool     Vanpool     Bike     Walk     Other (please specify): \_\_\_\_\_

Date Guaranteed Ride Home Used: \_\_\_\_\_ Time of Use: \_\_\_\_\_ Fare: \_\_\_\_\_ Tip: \_\_\_\_\_ Total: \_\_\_\_\_\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_

Explanation for using the Guaranteed Ride Home Program: \_\_\_\_\_

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

Yes     No (please explain)

Additional Comments about Guaranteed Ride Home (use back side if necessary):

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

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\* You must attach the cab voucher copy/cab receipt to the Confirmation Report. This form must be completed in its entirety and returned to the Seaport TMA within one week of using GRH with your supervisor's signature.\*\***

**Supervisor Section**

**Supervisor Name:** \_\_\_\_\_

I certify that the employee above used the Guaranteed Ride Home as stated above for the following reason (check one):

Unexpected/Unscheduled Overtime     Personal Illness     Family/Personal Emergency

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*When complete, email or mail this form **and** the customer copy of the cab voucher or printed cab receipt to the address at the bottom of this page.*