
GUARANTEED RIDE HOME FORM

Name:

Reason for using guaranteed ride home:

Mode of transport used (e.g. public transport, taxi, fleet car, rental car):

Date of guaranteed ride home:

Amount spent (please attach receipt): \$

The cost code for reimbursements is:

(insert organisation GRH cost code here)

I, the undersigned, have read and agree to follow the terms and conditions of:

Organisation name:

guaranteed ride home programme.

Signature of participant:

Date:

Signature of manager:

Date:

If possible, please have this form signed by your manager before you use your guaranteed ride home. In the event of an emergency, please fill out this form within one week of using this service.

Please send this form to:

*(insert organisation
GRH contact person
name here)*