

## Taxi, UBER & Lyft Reimbursement Request Form

Date	Cab Company	Destination	Cost

*(Maximum paratransit costs allowed per quarter is \$80.00.)*

Please select the appropriate quarter(s):

☐ Q1 July/Aug/Sept

☐ Q2 Oct/Nov/Dec

☐ Q3 Jan/Feb/Mar

☐ Q4 April/May/June

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A CHECK WILL BE MAILED TO YOU.  
THANK YOU FOR USING EMERYVILLE PARATRANSIT PROGRAM

For Office Use Only:

TOTAL RECEIPTS: \$ \_\_\_\_\_ X 0.9 = TOTAL REIMBURSEMENT: \$ \_\_\_\_\_

Emeryville Senior Center