



DATE RECEIVED
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## Reimbursement Request Form

### MetroRideshare

NOTICE: All information submitted to Capital Metro constitutes and is presumed to be public record and as such may be subject to disclosure under the Texas Public Information Act, unless an exception under such Act is applicable.

- Print or Type all information.
- Provide your correct name and mailing address
- Fax or email both the receipt and the reimbursement form to:

**FAX: 369-6064**

att. Duncan Goodrich

Email: [duncan.goodrich@capmetro.org](mailto:duncan.goodrich@capmetro.org)

NOTE: Unnecessary to mail originals

Name:
Mailing Address:
City, State, and Zip:
Daytime Phone #:

Date of Expense: \_\_\_\_\_ Total Expense on Receipt \_\_\_\_\_

Total Amount Requested for Reimbursement: \_\_\_\_\_

Reason for Expense:

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By affixing my signature to this voucher, I verify that all information is true and correct. I also understand that if any information is found to be false, I will not be reimbursed for charges claimed and will forfeit my membership in Capital Metro's VANPOOL Program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<b>Rideshare Program Use Only</b>
Primary Driver's Name:
Reimbursable Amount:
Coordinator Signature
<b>Accounts Payable Use Only</b>
Request No.:
Check No.:
Check Amount: