

Emergency Ride Home Claim Form

As an employee at a workplace with a GoManitoba subsite, you are eligible for the Emergency Ride Home (ERH) program. If you are a registered and active GoManitoba user, and you have an unforeseen emergency on any day you use a sustainable mode to commute to work, you can request a reimbursement of up to \$35 for your emergency transportation costs. **Please ensure you retain all emergency transportation receipt(s).**

If you are not sure if you qualify for an ERH reimbursement, please review the Terms and Conditions and Frequently Asked Questions (FAQ) at GoManitoba.ca/ERH.

You are limited to two claims within a single year.

Follow these steps to request a reimbursement:

1. Review the Terms and Conditions at GoManitoba.ca/ERH to see if your request is eligible.
2. Fill out all fields on this form. We recommend keeping a copy of this form and receipt(s) for your records.
3. Email your completed form with scanned receipts to GoHappy@greenactioncentre.ca

OR

Mail this form along with your original receipt(s) to:

GoManitoba ERH Claims
Green Action Centre
3rd Floor, 303 Portage Avenue
Winnipeg, MB R3B 2B4

Allow 4 to 6 weeks to receive reimbursement by cheque. All cheques will be sent to your work address.

For questions about the ERH program or a claim, email us at:
GoHappy@greenactioncentre.ca



YOUR INFORMATION

First Name:

Last Name:

Work Email Address:

Work Phone Number/ Ext:

WORK ADDRESS (reimbursements will be sent to your work address)

Employer Name:

Work Street Address:

Work Floor/Suite #:

Work City:

Work Postal Code:

CLAIM VERIFICATION INFORMATION

Supervisor's First Name:

Supervisor's Last Name:

Supervisor's Work Email Address:

Supervisor's Work Phone Number/ Ext:

Sustainable mode of transportation used to get to work on the day of emergency:

Date and time of your Emergency Ride Home:

Where did your Emergency Ride Home start, e.g. from work or other?

Final destination for your Emergency Ride Home:

How did you get to your final destination?

Ride reason:

Reimbursement amount:

Name

Signature

Date

Consent: By signing above you certify that all information on this form is truthful and correct, and that you agree with all the Emergency Ride Home Terms and Conditions at: [GoManitoba.ca/ERH](https://www.gov.mb.ca/erh)