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| **EMERGENCY RIDE REIMBURSEMENT REQUEST** | Wisconsin Department of Transportation |
| DT1951 11/2017 |  |

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| Company/Building Name | | | (Area Code) Telephone Number | |
| Address, City, State, Zip Code | | | | |
| Rider Name | | | Ride Date | |
| Rider Home Address | | | | |
| Mode of travel to work on day of emergency | | | | |
| Carpool/Vanpool | Bicycle | Bus | Walked | Other – Specify: |
| Type of Emergency | | | | |
| Points of Destination – Home, day care, park & ride lot, home of carpool driver, hospital, etc.: | | | | |
| First | | Final | | |
| Mode of travel in which employee was released | | | | |
| Fleet Car | Taxi | Other – specify: | | |
| Number of miles from work to final destination | | | Reimbursement at the lesser of $0.51 / mile or actual cost incurred | |
| Send to: Wisconsin Rideshare  PO Box 798  Waukesha, WI 53187-0798 | | Rider is an employee of the company or in the building named above,  and is a Wisconsin resident. | | |
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| If you have questions, please call (262) 521-5454. | | (Representative Signature) | | |

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