

# SENIOR RIDE REIMBURSEMENT FORM



Please mail receipts and this form to Senior Center, 1 San Antonio Road, Los Altos, CA 94022  
 Or hand deliver to the Senior Center at Grant Park, 1575 Holt Ave., Los Altos, CA 94022

Rider/Requester Information

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

| DATE                | AMOUNT | RIDE COMPANY | ORIGIN (Address) | DESTINATION |
|---------------------|--------|--------------|------------------|-------------|
|                     |        |              |                  |             |
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|                     |        |              |                  |             |
|                     |        |              |                  |             |
|                     |        |              |                  |             |
| TOTAL<br>AMOUNT DUE |        |              |                  |             |

- \*Please attach ride log receipts for amounts requested.
- \*Checks will be issued according to the Finance Department check run schedule.

Requester Signature \_\_\_\_\_

(Requester must be a Senior Program Member)

***Rider/Reimbursement requester acknowledges that the City of Los Altos is in no way affiliated with or working in conjunction with any on-demand ride service company. Rider/Reimbursement requester further acknowledges and agrees to hold harmless the City of Los Altos, its officers and employees against all liabilities, claims of liability, or loss (including attorneys' fees, court costs, and expenses) because of death, personal injury, or property damage arising or resulting from any on-demand ride requested through the on-demand ride reimbursement pilot program, including death, personal injury, or property damage arising or resulting from the fault or negligence of any driver providing an on-demand ride or the on-demand ride service company.***

Department Approval \_\_\_\_\_

Senior Member Verification \_\_\_\_\_