

ON THE MOVE (RIDE CARE PROGRAM) REIMBURSEMENT FORM



Please mail receipts and this form to The Adult 50+ Program
97 Hillview Avenue, Los Altos, CA 94022

Rider/Requester Information

Name: _____ Client # _____

Address: _____

Phone: _____ Email: _____

DATE	AMOUNT	RIDE COMPANY	ORIGIN (Address)	DESTINATION
TOTAL AMOUNT DUE				

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

Requester Signature _____

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 the Move ride requested through the On the Move ride reimbursement 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 _____