

# WHEELS Para-Taxi Reimbursement Request Form



LAST AND FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Reimbursement checks will be sent to this address)

Date of Birth \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Note:** Your reimbursement is 85% of the total taxi fare (meter fare plus up to 15% tip) or TNC (Uber or Lyft) fare up to \$30 maximum reimbursement per ride. Your maximum reimbursement per month is \$300. Wheelchair accessible taxi surcharge of \$15, if applicable, will be reimbursed in addition to the \$30 per ride and \$300 per month maximums.

**A TAXI RECEIPT IS REQUIRED FOR ALL REIMBURSEMENTS! TAXI RECEIPTS AND REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 90-DAYS OF THE TRIP TAKEN!**

Date	Time	Origin	Destination	Taxi Company Name	Please rate your trip	If the trip you took by taxi not available, how would you have travelled	Meter Fare	Tip	Wheelchair Surcharge if Applicable	TOTAL FARE
					1.Excellent <input type="checkbox"/> 2.Good <input type="checkbox"/> 3.Fair <input type="checkbox"/> 4.Not Good <input type="checkbox"/> 5.Poor <input type="checkbox"/>	1.Would have called Dial-A-Ride <input type="checkbox"/> 2.Would have not made the trip <input type="checkbox"/> 3.Asked someone to take me <input type="checkbox"/> 4.Other: _____				
					1.Excellent <input type="checkbox"/> 2.Good <input type="checkbox"/> 3.Fair <input type="checkbox"/> 4.Not Good <input type="checkbox"/> 5.Poor <input type="checkbox"/>	1.Would have called Dial-A-Ride <input type="checkbox"/> 2.Would have not made the trip <input type="checkbox"/> 3.Asked someone to take me <input type="checkbox"/> 4.Other: _____				
					1.Excellent <input type="checkbox"/> 2.Good <input type="checkbox"/> 3.Fair <input type="checkbox"/> 4.Not Good <input type="checkbox"/> 5.Poor <input type="checkbox"/>	1.Would have called Dial-A-Ride <input type="checkbox"/> 2.Would have not made the trip <input type="checkbox"/> 3.Asked someone to take me <input type="checkbox"/> 4.Other: _____				
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PLEASE DESCRIBE YOUR EXPERIENCE WITH THE TAXI SERVICE:\_\_\_\_\_

\_\_\_\_\_

INFORMATION IN THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

PLEASE SEND OR BRING THIS COMPLETED FORM AND YOUR TAXI RECEIPTS TO:  
A check will be mailed to you

*EXPIRES 6/30/2027*

**Attn: Para-Taxi Program  
Wheels/LAVTA  
1362 Rutan Court, Suite 100  
Livermore, CA 94551**

