



## Western University of Health Sciences Monthly Rideshare Incentive Voucher Form

**EMPLOYEE NAME**

**DEPARTMENT**

**MONTH**

This form is to document alternative transportation for a one month period. Click on the drop down menu box with the commuter mode, for each day you rideshare. After completing all required fields, please click the submit button to have OHR process your request.

CODE	COMMUTER MODE	CODE	COMMUTER MODE
A	Drive Alone	F	Public Transportation
B	Motorcycle (2 riders)	G	Walk
C	2-person Carpool	H	Bicycle
D	3-person Carpool	I	Non-Work Day
E	4+ Person Carpool		

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**TOTAL**

**Eligible rideshare incentives are only for carpooling done weekdays (Mon – Fri) between 6-10 am.**

**NAMES OF THOSE WHO  
CARPOOLED WITH YOU**

**NAME OF COMPANY  
IF OTHER THAN WESTERNU**

**PHONE NUMBER &  
ZIP CODE OF WORKPLACE**

By submitting this form, I hereby certify that the information above is correct.