



**MVgo Guaranteed Last Mile Program
REIMBURSEMENT FORM**

Name (First, Last): _____

Phone # (optional): _____

Email (optional): _____

Reimbursement Request Date: _____

Date of Trip: _____

Time of Trip: _____

MVgo Stop Location: _____

Method of Trip: Uber Lyft Taxi Other _____

Trip Cost: \$ _____

Preferred Method of Reimbursement: Venmo PayPal Check

If you prefer to be reimbursed by Venmo or PayPal, please provide your account name below:

_____.

If you prefer to be reimbursed by check, please provide the mailing address for which the check should be mailed to: _____.

Please submit this form to admin@mvgo.org and be sure to include the following items:

- Proof of Trip Cost
- Proof of Trip Origin or Destination to demonstrate the trip started or ended at the Mountain View Transit Center.
- Proof of Date/Time of Trip

Please allow 30 days for reimbursement. Be sure to include your email or phone number on this form, so we may contact you regarding this reimbursement request, if necessary.

If you have any questions about this form, please email admin@mvgo.org.

MVgo reserves the right to modify the Program Rules, including participation requirements, eligibility and reimbursement criteria at any time and for any reason.

This program is funded by the members of the Mountain View Transportation Management Association.