

RIDE\$HARE

Reimbursement Requested by:

Name _____
Date of taxicab ride _____ S.S.# _____
Address _____
City, State, Zip _____
Phone (Home) _____ (Work) _____

Please return completed form with the signed taxi receipt to:

RIDE\$HARE G.R.H.
MIAMI VALLEY REGIONAL
PLANNING COMMISSION
ONE SOUTH MAIN ST., SUITE 260
DAYTON, OH 45402

Office use only

Amount: \$ _____
Date: _____
Processed by: _____

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G.R.H. GUARANTEED RIDE HOME REIMBURSEMENT FORM

Origin of taxi ride

Company name _____

Address _____

City, State, Zip _____

Destination

Home

Other _____

Reason for ride

Home emergency

Work late

Driver emergency

Other _____

I understand the guidelines of the Guaranteed Ride Home program and qualify by being an active RIDESHARE participant. I hereby release Miami Valley Regional Planning Commission from liability, claims, and demands for personal injury; loss, theft, or damage to my personal property; loss of income; consequential damages resulting from delays or absence of a taxicab; or, termination of the program.

Signature _____

Contact: Miami-Liberty Cab 222-2822
Dayton Yellow Cab 228-1155

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One Dayton Centre
One South Main Street
Suite 260
Dayton, OH 45402
Tel: (937)223-6323
Fax: (937)223-9750
TTY/TDD 800-759-0750
www.mvrpc.org

Dear **Vendor/Payee**:

Attached you will find a Standard form/Vendor Application with a list of specified items.

Please select the appropriate box (s):

- 1) **Vendor** – Please complete the application and circle the number for each general commodity your company can provide.
- 2) **Payee** – Any individual/company receiving payments from Miami Valley Regional Planning Commission (Montgomery County). Please complete form to signature, title, and date. It is not necessary to complete the bottom section.

Please include your complete **E-Mail** address.

PLEASE FAX BACK TO TONYA LEE AT MVRPC (937) 223-9750

If any additional information is needed or if you have any questions, please call (937) 223-6323.

Very truly yours,

Tonya Lee
Accounting Specialist



MONTGOMERY COUNTY, OHIO
PURCHASING DEPARTMENT

451 WEST THIRD STREET DAYTON, OHIO 45422-1375 PHONE (937) 225-4699 FAX (937) 496-3006

MONTGOMERY COUNTY

VENDOR APPLICATION

COMPANY NAME: _____ OWNER'S NAME (If Sole Proprietor): _____

BID / P.O. MAILING ADDRESS: _____ Street / P.O. Box _____ City _____ State _____ Zip _____ Phone _____ Fax _____

REMITTANCE ADDRESS (If Different Than Above): _____ Street / P.O. Box _____ City _____ State _____ Zip _____ Phone _____ Fax _____

E-MAIL ADDRESS: _____

FEDERAL ID (FEIN) #: [] [] - [] [] [] [] [] [] or SOCIAL SECURITY (SSN) #: [] [] [] - [] [] - [] [] [] []

TYPE OF ORGANIZATION: [] Corporation [] Corporation engaged in providing (or billing and collecting for) medical and health care services [] Vendor [] Payee [] Bidder [] Limited Liability Company (LLC) [] Partnership [] Individual [] Sole Proprietorship [] Other Taxable Organization -Specify: _____ [] Tax-exempt Organization (Specify) [] Educational Institution [] Government Agency [] Religious Organization [] Other (Specify): _____ Indicate IRS Code Section for tax-exempt status: _____

MINORITY OWNED BUSINESS (MBE): [] Y [] N WOMEN'S BUSINESS ENTERPRISE (WBE): [] Y [] N

DISADVANTAGE BUSINESS ENTERPRISE (DBE): [] Y [] N

IS YOUR COMPANY HEADQUARTERED IN MONTGOMERY COUNTY? [] Y [] N HOW LONG IN PRESENT BUSINESS? _____ (Years)

NATURE OF PAYMENTS TO YOU FROM MONTGOMERY COUNTY (Check all that apply): [] For Services You Provide [] For Goods/Products You Provide [] Other (Specify): _____

CONTACT NAME: _____ PHONE #: (_____) _____ FAX #: (_____) _____

CERTIFICATION - UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT: (1) The number shown on this form is my correct taxpayer identification number... (2) I am not subject to backup withholding because... (3) I am a U.S. Person... Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGN HERE SIGNATURE OF U.S. PERSON: _____ TITLE: _____ DATE: _____

PLEASE MAKE SURE YOU HAVE SELECTED A COMMODITY CODE & CIRCLE THE ITEMS THAT YOU SUPPLY. ATTACH LINE SHEET/PRODUCT/SERVICE INFORMATION. Table with 20 columns of commodity codes (005-985) and 20 rows of items.