Dear Guaranteed Ride Home Recipient:

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

Please select the appropriate box - 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 the completed vendor application to TONYA LEE at fax number: 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
VENDOR APPLICATION

COMPANY NAME: ____________________________  OWNER’S NAME (If Sole Proprietor): ____________________________

BID / P.O. MAILING ADDRESS: ____________________________

REMITTANCE ADDRESS (If Different Than Above): ____________________________

E-MAIL ADDRESS: ____________________________

FEDERAL ID (FEIN): ___-___-_________ or SOCIAL SECURITY (SSN): ___-___-_________

TYPE OF ORGANIZATION:
- Corporation
- Corporation engaged in providing medical and health care services
- Limited Liability Company (LLC)
- Partnership
- Individual
- Sole Proprietorship
- Other Taxable Organization – Specify: ____________________________

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 (or I am waiting for a number to be issued to me), and
(2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
(3) I am a U.S. Person (including a U.S. resident alien).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

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

005 050 105 175 209 269 325 390 445 510 559 615 660 725 785 832 883 913 936 966 981
010 052 110 180 210 271 330 393 450 515 560 620 665 730 790 840 885 914 938 988 983
015 055 115 190 220 280 335 395 460 520 565 625 670 735 795 845 890 915 939 989 984
019 060 120 192 225 285 340 400 465 525 570 630 675 740 800 850 895 918 940 961 985
020 065 125 193 232 287 345 405 470 530 575 635 680 745 801 855 898 920 941 962 988
022 070 135 195 233 290 350 410 475 540 578 640 685 750 803 860 905 924 945 965 989
025 075 140 200 240 295 360 415 485 545 580 645 690 755 805 863 906 925 946 966 990
031 080 145 201 245 305 365 420 490 550 590 650 691 760 810 846 907 926 947 988 992
035 085 150 204 250 310 370 425 493 555 595 652 700 765 815 865 908 928 948 971 998
037 090 155 206 255 315 375 430 485 556 600 655 710 770 820 870 909 929 952 975 997
040 095 160 207 260 318 380 435 500 557 605 658 715 775 825 875 910 931 953 977 999
045 100 165 208 265 320 385 440 505 558 610 665 720 780 830 880 912 934 954 979
Guaranteed Ride Home
Reimbursement Form

Reimbursement requested by:
Name: __________________________________
Address: __________________________________
City, State, Zip: ____________________________
Home Phone: ______________________________
Work Phone: ______________________________
Social Security #: ___-___-____

Origin of Taxi Ride
Date of Taxicab ride: __/__/____
Company Name: __________________________
Company Address: ________________________
Company City, State, Zip: ___________________
Destination:    ☐ Home   ☐ Other: __________
Reason for Ride Home:
☐ Home Emergency    ☐ Work Late
☐ Driver Emergency   ☐ Other: ______________

I understand the guidelines of the Guaranteed Ride Home program and qualify by being an active Gohio Commute registered user. 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: ______________________________

Please complete and mail form with signed taxi receipt to:
Rideshare G.R.H.
Miami Valley Regional Planning Commission
10 N. Ludlow St., Suite 700, Dayton, Ohio 45402