t: 937.223.6323 f: 937.223.9750 TTY/TDD: 800.750.0750

www.mvrpc.org

10 North Ludlow St., Suite 700 Dayton, Ohio 45402-1855

## 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



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207 260 318 380 435 500

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## MONTGOMERY COUNTY, OHIO PURCHASING DEPARTMENT

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

## **VENDOR APPLICATION**

<u> </u>	N I	Y																					
COMPAN NAME:	NY	OWNER'S NAME (If Sole Proprieter):																					
BID/P.O MAILING ADDRES	ILING DRESS:																						
				Street	: / P.O.	Box			City		Stat	e	Zip		Pho	one			ŀ	ax			
REMITTANCE ADDRESS (If Different Than Above):St					Street / P.O. Box					City State Zip				Pho	Phone Fax								
E-MAIL ADDRESS:																							
FEDERA		IN) #	: [		. [					or	SO	CIAL	SECL	JRITY	(22)	N) #:			-[				
TYPE OF ORGANI	Origination       Tax-exempt Organization (Openly)																						
Ven	Vendor medical and health care services Religious Organization Limited Liability Company (LLC) Other (Specify):										-												
Pay	yee			$\vdash$	_	nersh	•																_
Bid	Bidder Sole Proprietorship Indicate IRS Code Section for tax-exmpt status:										_												
MINORITY OWNED BUSINESS (MBE): Y N WOMEN'S BUSINESS ENTERPRISE (WBE): Y N																							
DISADVA	NTAGE E	BUSII	NESS	ENT	ERPF	RISE (	DBE):	: 🗀	Υ		N												
IS YOUR (	COMPAN	IY HE	ADQ	UART	ERE	O IN M	ONT	GOME	ERY C	OUN	TY? [	Y	, <u> </u>	N	HOW	/ LON	G IN P	RESE	ENT B	USIN	IESS?		(Years)
NATURE OF PAYMENTS TO YOU For Services You Provide For Goods/Products You Provide Other (Specify): FROM MONTGOMERY COUNTY (Check all that apply):																							
CONTACT NAME:					PHONE #: ()										FAX	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 o				d divid	dends,	you a	re not	requir	ed to s	sign th	e Cert	ificatio	n, but	you n	nust p	rovide	your co	orrect	TIN.				
SIGN HERE	SIGNATURE OF   U.S. PERSON:   DATE:   DATE:																						
PLEASE MAKE SURE YOU HAVE SELECTED A COMMODITY CODE & CIRCLE THE ITEMS THAT YOU SUPPLY. ATTACH LINE SHEET/PRODUCT/SERVICE INFORMATION																							
	010 015 019 020 022 025 031 035 037	050 052 055 060 065 070 075 080 085 090	105 110 115 120 125 135 140 145 150	175 180 190 192 193 195 200 201 204 206	255	269 271 280 285 287 290 295 305 310 315	325 330 335 340 345 350 360 365 370 375	390 393 395 400 405 410 415 420 425 430	445 450 460 465 470 475 485 490 493 495 500	510 515 520 525 530 540 545 550 555 556	560 565 570 575 578 580 590 595 600	615 620 625 630 635 640 645 650 652 655	660 665 670 675 680 685 690 691 700 710	730 735 740 745 750 755 760 765 770	785 790 795 800 801 803 805 810 815	832 840 845 850 855 860 863 864 865 870	885 890 895 898 905 906 907 908 909	914 915 918 920 924 925 926 928	936 938 939 940 941 945 946 947 948 952	956 958 959 961 962 965 966 968 971 975	981 983 984 985 988 989 990 992 998		

557 605 658 715 775 825 875 910

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## Guaranteed Ride Home Reimbursement Form

Name:	Reimbursement requested by:	Office Use Only
Address:	Name:	Amount: \$
City, State, Zip:	Address:	
Home Phone:	City, State, Zip:	
Origin of Taxi Ride  Date of Taxicab ride:// Company Name: Company Address: Company City, State, Zip: Destination:	Home Phone:	
Origin of Taxi Ride  Date of Taxicab ride://  Company Name:  Company Address:  Company City, State, Zip:  Destination:	Work Phone:	
Date of Taxicab ride:// Company Name: Company Address: Company City, State, Zip: Destination:	Social Security #:	
Company Name:Company Address:Company City, State, Zip:Destination: HomeOther:Reason for Ride Home:Reason for Ride Home:North LateDriver 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	Origin of Taxi Ride	
Company Address:Company City, State, Zip:  Destination:	Date of Taxicab ride://	
Company Address:Company City, State, Zip:  Destination:	Company Name:	
Destination:	Company Address:	
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	Company City, State, Zip:	
□ Home Emergency □ Work Late □ Driver Emergency □ Other: □ 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	Destination: ☐ Home ☐ Other:	
Driver Emergency Other:	Reason for Ride Home:	
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	☐ Home Emergency ☐ Work Late	
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	□ Driver Emergency □ Other:	
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	•	
personal injury; loss, theft, or damage to my personal property; loss of income; consequential damages resulting from delays or absence of a taxicab or		· ·
consequential damages resulting from delays or absence of a taxicab or		
		• • •
termination of the program.	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