



# MIAMI VALLEY

Regional Planning Commission

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

t: 937.223.6323  
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TTY/TDD: 800.750.0750  
www.mvrpc.org

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



MONTGOMERY COUNTY, OHIO
PURCHASING DEPARTMENT

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

MONTGOMERY
C O U N T Y

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.



# Guaranteed Ride Home Reimbursement Form

**Reimbursement requested by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Office Use Only

Amount: \$ \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Processed By: \_\_\_\_\_

**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