

DEPARTMENT OF AGRICULTURE

Transit Subsidy Cash Reimbursement Certification

This form is to be used only for those cases where vouchers are not available for mass transit.

Instructions

1. All information must be provided.
2. All information must be legible.
3. This request is for payments I have made in a previous month(s) (reimbursement is made on a quarterly basis).
4. This form must be submitted to the appropriate agency point of contact for review and signature by the established deadline.
5. Questions about your claim may be referred to your agency's transit subsidy coordinator or by calling DOT, TRANServe Customer Service Office at (202) 366-0064 between the hours of 8:30 a.m. and 5:00 p.m. EST.

I hereby certify the following for my monthly reimbursement:

1. I certify that I am employed by the Department of Agriculture
2. I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work and will not give sell or transfer it to anyone else
3. I certify that I am not a member of a car pool and/or I do not receive disability or Executive Parking privileges.
4. I certify that the monthly transit benefit does not exceed my monthly commuting costs.
5. I certify that in any given month, I will not use the Government-provided statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.

Warning: This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

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| Agency Code (Example:02 for Agricultural Marketing Research) | Last Four of SSN |
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| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

Home address (Example: 100 Main Street, Apt 1A, New York NY, 11111)

Work Address

| | | | |
|--------------------------|------------------------------|---------|----------|
| Div/Unit (if applicable) | Rm#/Sub Unit (if applicable) | | |
| City | State | Country | Zip Code |

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| Work Phone (Example: (202) 123-4567) | Circle appropriate quarter: 1 st Qtr (Oct-Dec) 2nd Qtr (Jan-Mar) 3 rd Qtr (Apr-Jun) 4th Qtr (Jul-Sept) |
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Name of Transit Authority (Example: Jefferson Bus)

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|---|------|--|
| Claimant Signature | Date | Actual Reimbursement Amount (Not to exceed \$300 per quarter) |
| Transit Subsidy Coordinator Signature | Date | Transit Subsidy Coordinator Work Phone |
| U. S. Department of Transportation Approval | Date | |

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure eligibility, and to prevent misuse of the funds involved. This information will be matched at other Federal Agencies of Government-assigned to parking to ensure consistency with mode of transportation.

AD 1170 – Dated 3/21/03