PUBLIC TRANSPORTATION BENEFIT EXPENSE WORK SHEET – SAMPLE #1

NOTE: USDA Form AD-1147, Public Transportation Benefit Program Application, requires USDA participants to calculate their usual monthly mass transit commuting cost to the nearest dollar for their <u>daily commute to and from</u> work. This work sheet must be completed to receive transit subsidy benefits.

INSTRUCTIONS: Calculate your total monthly mass transit expenses by the way you pay for your **roundtrip daily commute to and from work**. Using the work sheet below, select your mode of mass transportation and identify the **roundtrip cost based on how you pay (i.e. daily, weekly, monthly) for your fare media and convert all costs to a total monthly amount**. **REMINDER:** It is possible that an employee may have a combination of daily, weekly or monthly expenses in computing his/her total monthly commuting costs.

REMEMBER: Parking fees are not allowed and cannot be included when computing monthly transit costs. If you are a person with a disability or a senior citizen receiving reduced rates, you must calculate the reduced fare rate you pay.

MODE OF TRANSPORTATION	DEPARTURI LOCATION		NAME OF COMPANY		DAILY EXPENSE		WEEKLY PASS	MONTHLY PASS
							EXPENSE	EXPENSE
Bus (circle applicable)					\$		\$	\$
Local - Commuter - County								
Rail (circle applicable)	L-Enfant				\$ 2.37		\$	\$
	Washingt	on, DC						
Light Rail - Subway Commuter Train	Droad Du	n, VA Virginia Ra		ilmon	\$		\$ 59.40	\$
	Broad Run, VA		Express				\$ 39.40	Ф
Vanpool (authorized)					\$		\$	\$
Ferry					\$		\$	\$
Other (Specify)					\$		\$	\$
TOTAL COST					\$ 2.37		\$ 59.40	\$
CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST								
40 HOUR WORKWEEK SCHEDULE CONVERSION 8 HOUR WORK DAY CONVERSION 9 HOUR WORK DAY CONVERSION 10 HOUR WORKDAY CONVERSION								
Daily Cost No. Days Total C	Daily Cost No. Days Total Cost				Daily C		Total Cost	
Worked Per Month		Worked Per Mo		onth		Worked	Per Month	
\$ 2.37 x's 21 \$ 5	\$ x's 19 \$			\$	x's 17	\$		
LESS THAN 40-HOUR WORKWEEK SCHEDULE CONVERSION Complete this section if your work schedule has you out of the official duty station location for less than 40 hours per week.								
(i.e. telework, part-time, regularly scheduled travel, etc.)								
Daily Mass Transit Cost	Number of Days Worked Per Month			Total Daily Cost Per Month				
\$	X			\$				
WEEKLY PASS CONVERSION (If applicable) Weekly Mass Transit Cost Number of Weeks Per Month Total Weekly Cost Per Month								
Weekly Mass Transit Cost	Number of weeks fer Month			-				
\$ 59.40	x 4			\$ 237.60				
NOTE: If the scheduled number of hours you work per month changes, see your Commuter Benefit Coordinator for options. TOTAL MONTHLY COMMUTING COSTS								
TOTAL DAILY COST PER MONTH (if applicable) \$ 56.70								
TOTAL WEEKLY COST PER MONTH (if applicable)				\$ 237.60				
TOTAL MONTHLY COST PER MONTH (if applicab								
GRAND TOTAL OF MONTHLY COMMUTING COSTS (rounded to the nearest dollar). Transfer to front page under Employee Certification.								
EMPLOYEE CERTIFICATION								
NAME OF EMPLOYEE (Please print name) Suzanne B. Delified		SIGNATURE OF EMPLOYEE			DATE 10/7/04			
SUPERVISOR CERTIFICATION OF WORK SCHEDULE								
NAME OF SUPERVISOR (Please pr Beth Anglewood	SIGNATURE OF SUPERVISOR			DATE 10/7/04				

BACK OF AD FORM 1147, October 2004 (Revised – Other versions of form obsolete)