

PUBLIC TRANSPORTATION BENEFIT EXPENSE WORK SHEET – SAMPLE #2

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 daily commute to and from 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	DEPARTURE LOCATION	NAME OF COMPANY	DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
Bus (circle applicable)	Massaponx, VA	Bluebird	\$	\$	\$ 250.00
Local - Commuter - County					
Rail (circle applicable)			\$	\$	\$
Light Rail - Subway					
Commuter Train			\$	\$	\$
Vanpool (authorized)			\$	\$	\$
Ferry			\$	\$	\$
Other (Specify)			\$	\$	\$
TOTAL COST			\$	\$	\$ 250.00

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 Worked	Total Cost Per Month	Daily Cost	No. Days Worked	Total Cost Per Month	Daily Cost	No. Days Worked	Total Cost Per Month
\$	x's 21	\$	\$	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
\$	x 4	\$

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)	\$
TOTAL WEEKLY COST PER MONTH (if applicable)	\$
TOTAL MONTHLY COST PER MONTH (if applicable)	\$ 250.00
GRAND TOTAL OF MONTHLY COMMUTING COSTS (rounded to the nearest dollar). Transfer to front page under Employee Certification.	\$ 250.00

EMPLOYEE CERTIFICATION

NAME OF EMPLOYEE (Please print name) Suzanne B. Delified	SIGNATURE OF EMPLOYEE	DATE 10/7/04
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SUPERVISOR CERTIFICATION OF WORK SCHEDULE

NAME OF SUPERVISOR (Please print name) Beth Anglewood	SIGNATURE OF SUPERVISOR	DATE 10/7/04
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