PUBLIC TRANSPORTATION BENEFIT EXPENSE WORK SHEET - SAMPLE #3

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 <u>roundtrip daily commute to and from work</u>. Using the work sheet below, select your mode of mass transportation and identify the <u>roundtrip cost based on how you pay</u> (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.

disability or a senior citizen receiv MODE OF			NAM		DAI		WEEKLY	MONTHLY	
TRANSPORTATION	DEPARTURE LOCATION		COMI		EXPENSE		PASS EXPENSE	PASS EXPENSE	
Bus (circle applicable)					\$	\$	EXI LINE	\$	
Local - Commuter - County									
Rail (circle applicable)					\$	\$		\$	
Light Rail - Subway									
Commuter Train					\$	\$		\$	
Vanpool (authorized)	Horner Ro Woodbrid	/	Global Tra	ilway	\$	\$		\$ 200.00/19 = \$10.53 daily	
Ferry					\$	\$		\$	
Other (Specify)					\$	\$		\$	
TOTAL COST					\$	\$		\$ See conversion below	
CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST									
40 HOUR WORKWEEK SCHEDU 8 HOUR WORK DAY CONVERSION 9 HOUR WORK DAY CO							IID WODKDAN	CONVEDSION	
Daily Cost No. Days Total C Worked Per Mo	Daily Cost No. Days Total Worked Per M				Daily Cost No. Days Total Cost Worked Per Month				
\$ x's 21 \$	I ECC TI	\$ TAN 40 H	x's 19 OUR WORKW	\$	DIII E CONV	\$ EDSION	x's 17	\$	
Complete this section							nan 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									
Daily Wass Transit Cost			Number of Days worked Fer Month						
\$ 10.53			X 8 WEEKLY PASS CONVERSION (If applicable)			\$ 84.00			
Weekly Mass Transit Cost	Number of Weeks Per Month			аррисавіе)	Total Weekly Cost Per Month				
					6				
\$ x 4 NOTE: If the scheduled number of hours you work per month changes, see you				ır Commuter	Benefit Coordi	ator for optic	ons		
		TOTAL	L MONTHLY	COMMUTIN	NG COSTS	or for optic			
TOTAL DAILY COST PER MONTH (if applicable)				\$ 84.00					
TOTAL WEEKLY COST PER MONTH (if applicable)				\$					
TOTAL MONTHLY COST PER MONTH (if applicable)				\$					
GRAND TOTAL OF MONTHLY COMMUTING COSTS (rounded to the nearest dollar). Transfer to front page under Employee Certification.			\$ 84.00						
tne nearest dollar). Transfer to front	page under l		Certification. EMPLOYEE C	<u> </u> ERTIFICAT	ION				
NAME OF EMPLOYEE (Please print name) SIGNAT			URE OF EMPLOYEE			DATE			
Suzanne B. Delifield		_				10/7/04			
SUPERVISOR CERTIFICA' NAME OF SUPERVISOR (Please print name) SIGNATURE (Plea					ORK SCHED				
Beth Anglewood			JRE OF SUPERVISUK			DATE			
BACK OF AD FORM 1147, October 2004 (Revised – Other versions of for						10/7/04			