

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

Eastern Region Policy



Effective Date: 06/29/09

SUBJ: Eastern Region Mass Transit Benefit Program

- 1. Purpose of this Order. This Order provides specific direction to New York metropolitan area facilities and field offices for the administration, control, and participation in the Eastern Region Mass Transit Benefit Program. These directions are to be followed in conjunction with the provisions of DOT Order 1750.1A, Employee Commuter Transportation Program (ECTP).
- **2.** Audience. The New York metropolitan area Federal Aviation Administration (FAA) facilities and field offices.
- **3. Where Can I Find This Order?** You can find this order on MyFAA Employee website at https://employees.faa.gov/tool_resources/orders_notices/
- **4. What this Order Cancels.** EA Order 3590.1, Eastern Region Model Plan Mass Transit Benefit Program, dated 6/6/95, is cancelled.
- **5. Explanation of Policy Changes.** Employees will purchase transit media directly; complete a Claim for Reimbursement for Expenditures on Official Business, Standard Form SF 1164; obtain supervisory approval; submit to and receive reimbursement from the FAA Aeronautical Center, Accounts Payable Branch, AMZ-113, P.O. Box 25082, Oklahoma City, OK 73125. This will significantly streamline the timeliness of the receipt of fare media.
- 6. Procedure for Program Participants.

a. Application.

- (1) Those desiring to participate must complete FAA Application for Transit Benefit, DOT Form F 1700.18A (see Appendix A). The form must be completed and approved by the individual's supervisor, prior to claiming the cost of the fare media. This is a one-time application, which remains in effect for as long as the employee remains in the program.
- (2) If the applicant uses worksite parking in any agency funded parking area/lot, before submitting the application for transit benefits, the employee must surrender his or her authority to use such parking by contacting his or her supervisor and surrender any parking decal or other parking permit. The applicant's supervisor should contact the office authorizing the use of worksite parking to remove the applicant from the list of employees eligible to use worksite parking.
- **b.** Obtaining Fare Media and Reimbursement: Each employee will be responsible for purchasing and obtaining a receipt for the appropriate fare media from the transit authority by the first of each month. The fare media must provide for monthly transportation or longer. Fare media must

Distribution: A-X-4 Initiated By: AEA-30

06/29/09 3590.1A

be signed by the employee and presented to his/her supervisor along with a receipt for the transit services received.

- (1) Reimbursement will be obtained by claiming the eligible costs on a Claim for Reimbursement for Expenditures on Official Business, Standard Form SF 1164, with approving official signature. The properly completed form will claim the lesser of the cost of the monthly fare media or the maximum benefit prescribed in DOT Order 1750.1A, Employee Commuter Transportation Program (ECTP). Current Reimbursement rates may be obtained through http://www.transitcenter.com/Employees/, and through the transportation authority governing the employee's mode of transportation. The claim form will be supported by a copy of the signed fare media and a completed and signed original fare media receipt received from transit authority upon fare media purchase transaction.
- (2) The cost of this program will be charged to each office's Program Element and Object Code.
- **c. Participation.** Participation must be for an entire month in order to claim benefits. Employees who have scheduled leave or are scheduled to work at another location for part of a month, cannot claim benefits for that month; but may claim benefits for the next month without reapplying or recertifying. Employees need not participate each month. Skipping one or more months does not affect eligibility. Each transit benefit participant must on an annual basis recertify and identify the transit company used in their commute.
- **d.** Exiting the Program. When an employee decides to exit the program, any unused fare media should be attached to a copy of the application form and sent to the FAA Aeronautical Center, Accounts Payable Branch, AMZ-113, P.O. Box 25082, Oklahoma City, OK 73125. The employee should write "cancel" across the form. If the form cannot be found, an interoffice memo or e-mail will suffice. Employees also will be removed from the authorization list upon receipt of an Employee Clearance Record, or if employee action justifies removal.

7. Reimbursement Procedures.

- a. <u>Processing the FAA Application for Transit Benefit Form</u>. The supervisor will review the application for correctness and appropriate coding. If correct, the application will be signed and the original retained in accordance with each organization's transaction procedures.
- b. Processing Monthly Claim for Reimbursement for Expenditures on Official Business, Standard Form SF 1164. The supervisor, as the Approving Official, will review the claim for correctness and support. If correct, the claim will be signed by the supervisor and processed as follows:
 - (1) The original claim and original supporting documents will be machine copied.
- (2) The original claim and copied support documents will be returned to the employee to obtain reimbursement through FAA Aeronautical Center, Accounts Payable Branch, AMZ-113, P.O. Box 25082, Oklahoma City, OK 73125, for payment by way of direct bank deposit.

06/26/09 3590.1A

(3) The original support documents and a copy of the claim will be combined with all other transit benefit claims for that month and retained in a file by month by the individual's organization.

(4) Verification: The supervisor will ensure that the employee is not also receiving agency subsidized worksite parking privileges and/or is not listed in any carpool or vanpool or any other rideshare arrangement that receives agency subsidized worksite parking privileges. Any violation, depending on the circumstances, may result in termination from the program, and/or appropriate disciplinary action.

8. Summary of Responsibilities.

a. Transit Participant.

- (1) Completes DOT Form 1700.18A, Application for Transit Benefits and submits to supervisor.
 - (2) Purchases appropriate fare media from transit company and obtains receipt.
 - (3) Signs original fare media.
 - (4) Submits receipt to supervisor.
- (5) Claims eligible costs on Claim for Reimbursement for Expenditures on Official Business, Standard Form SF 1164, and obtains supervisor's approving signature.
- (6) Obtains reimbursement through FAA Aeronautical Center, Accounts Payable Branch, AMZ-113, P.O. Box 25082, Oklahoma City, OK 73125, by sending original claim and machine copied support documents.
- (7) To cancel program participation, participant must submit a copy of the application marked "Cancel", or an interoffice memo, or e-mail, and attach unused fare media, sending these documents to FAA Aeronautical Center, Accounts Payable Branch, AMZ-113, P.O. Box 25082, Oklahoma City, OK 73125.

b. Supervisor.

- (1) Reviews, completes, approves, and retains DOT Form 1700.18A, Application for Transit Benefits.
 - (2) Ensures applicant does not use worksite parking, and/or drives to work, or rideshares.
- (3) Reviews and approves Claim for Reimbursement for Expenditures on Official Business, Standard Form SF 1164.

9. Distribution. This order is distributed to the section level and above in the Regional Office in the Eastern Region and to all New York metropolitan area field offices and facilities.

Carmine Gallo

Regional Administrator

Appendix A.

APPLICATION FOR TRANSIT BENEFIT

Name:					
(Last)	(First)	(MI)	(Last 4 Digits of	Social Security No.,	
Home Address:	At	-69)il			
	(Numbe)	(ISIT PAT)			
:(Citÿ)		(State)		(Zip)	
Work Address:					
(4)	gency) *	(Aauting Symbol)	(Gr.	ede/Rank)	
(Bullding)	(Room I	(Room Number)		(Phone Number)	
• If an employee of the UNITED STATES CO	AST GUARD, check the fo	heckthe following: appropriated		☐ non-appropriated employee	
MODE OF TRANSPORTATION CURF	RENTLY USED FOR	COMMUTING:			
Drive Alone Transi	t (Rail)	–Commuter (Rail)Other	1 1000	
GarpoolWanpool Transi	t (Bus) —	-Commuter (Bus)	•		
EMPLOYEE CERTIFICATION: 1 HEREBY OF AM NOT NAMED ON A WORKSITE PARKIN IAM ELIGIBLE FOR A PUBLIC TRANSPOR AND/OR FROM WORK, AND WILL NOT TRAIS BENEFIT I AM RECEIVING DOES NOT EXCOMMUTING BY PUBLIC TRANSPORTATION CONCERNS A MATTE A FALSE, FICTITIOUS, OR FRAUDULENT CUNDER TITLE 18, UNITED STATES COD RECOVERIES OF UP TO \$5000 PER VIOLATION.	NG PERMIT WITH DOT OF TATION FARE BENEFIT, NSFER IT TO ANYONE ECED MY AVERAGE MOON). IN WITHIN THE JURISDIC ERTIFICATION MAY REE, SECTION 1001, CIV.	OR ANY OTHER FEE WILL BE USING IT F LSE IN ADDITION, I DITHLY COMMUTIN OTHOR OF AN AGENC ENDER THE MAKER IL PENALTY ACTIO	DERAL AGENCY. II ALSO FOR MY REGULAR DAI OERTIFYTHATTHE MO GEOST (BASED ON A Y OF THE UNITED STATISTICS SUBJECT TO CRIMINA IN PROVIDING FOR A	© CERTIFY THAT LY COMMUTE TO DITHLY TRANSIT LO DAY MONTH TES AND MAKING L PROSECUTION ADMINISTRATIVE	
(Applicant Signature Privacy Act Statement; This information is so voluntary, but failure to do so may result in die is to facilitate timely processing of your reque will be matched with lists at other Federal ag any other form of vehicle worksite parking pe	licited under authority of sapproval of your request st, to ensure your eligibili encies to ensure that you	t for a public transit fa ty, and to prevent mis are not listed as a ca	ire benefit. The purpose use of the funds involve	of this information d. This information	
Accounting Classification:	نامانامام				
	Enter Appropriate Din the Related Space		the Fare Media Req	guested	
•			*	•	
(Operating Administration)	(Transit Provid	der(s))	(Monthly Cost)	(Annualized Cost)	
(Signature of Approving Official)	(Printed Name of App	roving Official) (Building & Room Number)	(Routing Symbol)	
Servicing Accounting Office:	(Routing Syn	nbol)	(Building 6 Room Number)		
TRANSIT BENEFIT OFFICE ACTION	•				
Approved:					
(Signature) Disapproved:	(Printe	d Name)	(Date)		
(Signature)	//Dvinte	d Name)	(Daie)		
DOT F.1700.18A (Rev./3/83)		7-429-406/60138	TRANSIT BENEFIT OFFICE		