

### **United States Department of Transportation**

# TRANSIT BENEFIT PROGRAM APPLICANT GUIDE

Submitted by

#### TRANServe

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#### TABLE OF CONTENTS

1.	OVE	RVIEW	1-1
	1.1	Background	1-1
	1.2	Purpose	1-1
	1.3	Document Organization	1-1
	1.4	Point of Contacts	1-1
2.	ACC	ESSING THE TRANSIT BENEFIT APPLICATION	2-1
	2.1	Login and Registration	2-1
	2.2	Change Password	2-3
	2.3	Password Recovery	2-4
	2.4	My Account	2-4
	2.5	Session Time Out	2-5
	2.6	Exit	2-5
3.	OVE	DVIEW OF THE DTD DIDI IC WEDSITE HOME DACE	• •
		<b>NVIEW OF THE FID FUDLIC WEDSITE HOWE FAGE</b>	
	3.1	Transit Benefit Application	<b>3–1</b> 3–2
	3.1 3.1.	Transit Benefit Application         I       Certify/Enroll	<b>3–1</b> 3–2 3–2
	3.1 3.1. 3.1.	Transit Benefit Application         1       Certify/Enroll         2       Monthly Certification	3 <b>–1</b> 3–2 3–2 3–9
	3.1 3.1. 3.1. 3.1.	Transit Benefit Application         1       Certify/Enroll         2       Monthly Certification         3       SmarTrip® Change	<b>3–1</b> 3–2 3–2 3–9 3–11
	3.1 3.1. 3.1. 3.1. 3.1. 3.1.	Transit Benefit Application         1       Certify/Enroll         2       Monthly Certification         3       SmarTrip® Change         4       Withdraw from the Program	3–1 3–2 3–2 3–9 3–11 3–12
	3.1 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.	Transit Benefit Application         I       Certify/Enroll         2       Monthly Certification         3       SmarTrip® Change         4       Withdraw from the Program         5       Request Information	3–1 3–2 3–2 3–9 3–11 3–12 3–13
	3.1 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.	Transit Benefit Application         I       Certify/Enroll         2       Monthly Certification         3       SmarTrip® Change         4       Withdraw from the Program         5       Request Information         6       Disapproved Applications	
4.	3.1 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.	Transit Benefit Application         1       Certify/Enroll         2       Monthly Certification         3       SmarTrip® Change         4       Withdraw from the Program         5       Request Information         6       Disapproved Applications	



# **Table of Figures**

Figure 1: Transit Application Log In page	2-1
Figure 2: Register Account Information page	2-1
Figure 3: Completed Registration page	2-2
Figure 4: Registration Confirmation	2-2
Figure 5: Login page	2-2
Figure 6: Change Password page	2-3
Figure 7: Change Password Confirmation	2-3
Figure 8: Utilities Menu Options	2-3
Figure 9: Forgot Password page	2-4
Figure 10: Show Hint	2-4
Figure 11: Update My Account page	2-4
Figure 12: Update My Account Confirmation	2-5
Figure 13: Utilities Menu Options	2-5
Figure 14: PTB Public Website Home page	3–1
Figure 15: Additional Menu Options	3–1
Figure 16: Select an Action to Continue page	3–2
Figure 17: Warning page	3–2
Figure 18: Transit Benefit Application Worksheet	3–3
Figure 19: Commuting Distance	3–4
Figure 19: Bus Method	3–4
Figure 20: Other Bus Method	3-4
Figure 21: Rail Method	3–4
Figure 22: Other Method	3–5
Figure 23: Vanpool Method	3–5
Figure 24: Parking Method	3–5
Figure 25: Sample Agency Work Schedule Policies	3–5
Figure 26: Method of Transportation Table	3–5
Figure 27: Approving Official	3-6
Figure 28: Manager/Fund Certifier	3-6
Figure 29: Point of Contact	3–7
Figure 30: Completed Transit Benefit Application	3–7
Figure 31: Smart Benefits Program page	3–8
Figure 32: Transit Benefit Program Confirmation	3–8
Figure 33: Warning page	3–9
Figure 34: Transit Benefit Program Application for Monthly Certification	3–10
Figure 35: Monthly Certification Confirmation	3–11
Figure 36: Suspended Transit Benefit Account	3–11
Figure 37: Current Transit Benefit Account	3–11



Figure 38: SmarTrip® Change page	3–11
Figure 39: SmarTrip® Confirmation	3–11
Figure 40: Withdraw from the Program page	3–12
Figure 41: Approving Official (1 <sup>st</sup> Approver)	3–12
Figure 42: Manager Fund/Certifier (2 <sup>nd</sup> Approver)	3–12
Figure 43: Withdraw Confirmation	3–13
Figure 44: Request Information page	3–13
Figure 45: Point of Contact	3–13
Figure 46: Request Information Confirmation	3–14
Figure 47: Select An Action To Continue page	3–14
Figure 48: Warning page	3–14
Figure 49: Disapproved Transit Benefit Application Worksheet	3–15
Figure 50: Update My Account Information page	4–1
Figure 51: Agency Report Password Confirmation page	4–1
Figure 52: Agency Reports page	4–1
Figure 53: Open/Save Dialog Message	4–1
Figure 54: Zip File	4–1
Figure 55: Zip File Password	4–2
Figure 56: Agency Report File	4–2



# 1. OVERVIEW

### 1.1 Background

The Department of Transportation, Transportation Services Division (TRANServe), administers the Parking and Transit Benefits program. This system will serve as the publicly accessible interface for managing Transit benefits. TRANServe Services include purchasing and distributing transit fare media through the TRANServe Debit Card via Economy Act agreements and the authority of the Administrative Working Capital Fund (49 U.S.C. 327). The office currently supports 276 Agencies and sub-divisions, proving timely and efficient transit benefit service to over 200,000 customers, 60,000 of who use the online Transit Application.

TRANServe has redesigned the current Transit WebApplication into a "new" user friendly, mobile site designed specifically for mobile devices. The mobile version of the WebApplication has been optimized for smaller screens found on mobile phones and tablets. This will allow federal government workers to apply for the transit benefit, request information, withdraw from the program and recertify using a mobile device. Further, TRANServe TBMs, Admins, first, second, and third level approvers will be able to view, update, approve, or disapprove applications from a mobile device from anywhere and at any time.

### 1.2 Purpose

The Transit Benefit Application user guide is designed to provide written instruction on how to use the application effectively and efficiently.

### 1.3 Document Organization

The following typographical conventions are used in this user guide:

- Courier New Bold Indicates a button on a page
  <u>Underline Italic in blue</u> Indicates a link within the system
- Title Case plus page Indicates a name of a page in the application
- Italic text

Indicates a name of a page in the application Indicates a note on a page in the application

### 1.4 Point of Contacts

The table below provides a list of the people you may contact for additional information regarding the Transit Application or for troubleshooting purposes.

Role	Name/Phone	Title	Email



# 2. ACCESSING THE TRANSIT BENEFIT APPLICATION

Follow the below steps to navigate to the Login/Register page

- 1. Open an Internet Browser.
- 2. Enter the URL: <u>www.transportation.gov/transerve</u>.
- 3. Click the *Participants* link and scroll down and select your Agency.
- If your Agency requires you to complete the Transit Benefit Integrity Awareness Training; click the <u>New Employee Orientation</u> link. (Follow the instructions to complete the Transit Benefit Integrity Awareness Training).
- 5. Click the *Participants* link and scroll down to select your Agency.
- 6. Select *Transit Benefit Program Application System* link.

### 2.1 Login and Registration

Use the following steps to access the application:

 If registering for the first time, the Login page is displayed after clicking the <u>Transit Benefit Program</u> <u>Application System</u> link.

Returning applicants can enter the URL: <u>http://transitapp.ost.dot.gov</u> to display the Transit Application login page is displayed.

* indicates required field.		
Login		
"User Name:	Government Email Address	
"Password:	Enter password	
	Log In Forgot Pass	word?
	Not registered yet? Register	
	"WARNING" WARNING"	
	You are an creasing a U.S. Government information system, which includes the computer, the computer network or which has a locomoted, all divergences consorted to be network, and all dragge modal connected to this computer or other compares on the network. This information system is provided for U.S. Government use only, futuralization of propersise of the information may result in description action, as well as civil and criminal penalties. By using this information system you consent to the following:	
	<ol> <li>You have no reasonable expectation of privacy regarding any communications or data transiting this network or stored in this information system.</li> </ol>	~
	**WARNING**WARNING****WARNING**	

Figure 1: Transit Application Log In page

First time users will need to register. Use the following steps to register a username:

- 2. Click the **Register** button. The Register Account Information page is displayed.
- 3. Enter your government issued email address in the User Name textbox.
- 4. Complete the registration form.

Note: \* indicates required field.

**Note:** The agency used in the email for the username will determine the agencies displayed in the Agency dropdown list.

Register Account I	nformation
"User Name:	Government Email Address
'First Name:	First Name
Middle Name:	Middle Name
'Last Name:	Last Name
"Agency/Mode:	VA •
	Agency options will show once your Government Email Address has been validated
Phone Number:	
	Register Reset Cancel

Figure 2: Register Account Information page



5. Click the **Register** button.

Register Account In	formation
"User Name:	kimberly j gravestest@va gov
'First Name:	Kimberly
Middle Name:	L
'Last Name:	Graves
'Agency/Mode:	VA •
Phone Number:	Agency options will show once your Government Email Address has been validated (202) 865-4632
	Register Reset Cancel

#### Figure 3: Completed Registration page

6. The Login page is displayed with the confirmation message at the top of the page.

kimberly.j.gravestest@va.gov is now Registered
Thank you. The Login Password has been sent to kimberly.j.gravestest@va.gov.

Figure 4: Registration Confirmation

After the participant has registered an email will be sent containing a temporary password. Retrieve the password and log into the application using the following steps:

- 7. Enter the username in the User Name textbox.
- 8. Enter the retrieved password in the Password textbox.
- 9. Click the **Log** In button.
- 10. The Change Password page displays.

ogin	
"User Name:	Kimberly j gravestest@va.gov
*Password:	••••••
	Log In Forgot Password?
	Not registered yet? Register
	"WARNING" WARNING" WARNING"
	You are accessing a U.S. Government information system, which includes this computer, the computer antenoid on which is is connected, all other computers connected to his network, and all storage models connected to this computer, all other computers connected to his network, and all storage models U.S. Government use only in-mathroad or imports are of this information any stem is growted for U.S. Government use only in-mathroad or imports are of this information any stem is and and and action, as well as civil and criminal penalties. By using this information system you consent to the following:
	<ol> <li>You have no reasonable expectation of privacy regarding any communications or data transiting this network or stored in this information system.</li> </ol>
	**WARNING**WARNING***

Figure 5: Login page



### 2.2 Change Password

After logging into the application for the first time, it is required that you change the password to something that you will easily remember. Use the following steps to change your password:

- 1. Enter the retrieved password in the Current Password textbox.
- 2. Enter your new password in the Create New Password textbox.
- 3. Reenter your new password in the Confirm New Password textbox.
- 4. Enter a hint, something that will remind you of your password in the Create a Hint textbox.
- 5. Click the **Submit** button.

#### Note: \* indicates required field.

**Note:** Ensure that your password meets the system requirements when changing your login credentials. These requirements are displayed at the bottom of the Change Password page.

The confirmation message is displayed at the top of the Login page.

**Note:** You can change your password at any time by using the above steps after clicking the Change Password button on the Home page. The Change Password page can also be accessed from the Utilities dropdown menu located on the Menu bar at the top of the Home page.

**Note:** To access the additional Utilities menu options from a mobile device; click the additional menus button at the top of the page. Click the Utilities dropdown arrow to display the sub-menus.

20110111 00010101	Current password	
'Create New Password:	New password	
"Confirm New Password:	Confirm New password	
'Create a Hint:	Hint	
	A hint is a meaningful personal association to help you remember your password.	
	Passional must be at least 12 characteris ting ho passional characteris may be registed more than 1 times(s) in sequence Passional must contain characteris from all least 4 of the following categories. - Upperface characteris (fromogh 2) - Euserscase characteris (fromogh 2) - Base 10 dig (b) (fromogh 3) - Non-alphanetic characteris (for example, 1, 5, %) Passional dig (Fe) digs all for folg set Password will carger 60 digs all for folg set Password will carger 60 digs all for folg set Password will carger 60 digs all for folg set	

Figure 6: Change Password page

Your Password has been successfully changed. Use your Username and New Password to login to the system.





Figure 8: Utilities Menu Options



### 2.3 Password Recovery

Use the following steps to recover your password:

- From the Login page; click the <u>Forgot Password?</u> link. The Forgot Password page displays.
- 7. The Show Hint section allows the user to view the Hint entered when the password was changed. Enter the username and click the **Show Hint** button.
- The Forgot Password page is redisplayed with the Hint and allows the user to log in from this page.
- 8. The Send It By Email section allows the user to retrieve a temporary password through email. The password will be sent to the email address entered when the account was created. Enter your username and click the **Submit** button.

Note: \* indicates required field.

Forgot Password	
Show Hint	
"User Name:	Government Email Address
	Show Hint
Send It by Email	
'User Name:	Government Email Address A temporary passwort will be seet to usur F-Mail Account
	A ketiopoleg password with or sent to your e-men Account.
	Return to Login Page

	Your hint is displayed below. Please Login.
indicates required field.	
Forgot Password	l de la construcción de la constru
Login	
*User Name:	kimberly.j.gravestest@va.gov
*Password:	Enter password
	Hint: Sundayllow52
	Log In

Figure 9: Forgot Password page

#### Figure 10: Show Hint

• The Login page displays. Enter the username and the retrieved password. Follow the instructions in **Section 2.2 Change Password** to change the password.

### 2.4 My Account

The My Account page allows the user to update personal information.

Use the following steps to update your personal information:

1. From the Home page; click the **My Account** button. The Update My Account Information page displays.

The information entered when the account was registered is pre-populated in the fields. Update the information as needed.

"User Name:	kimberly.j.gravestest@va.gov				
'First Name:	Kimberly	Middle Name:	J	"Last Name:	Graves
"Agency/Mode:	VA Agency options will show once y Address has been validated	Your Government Email			
Phone Number:	(202) 555-4632				
Role:	Applicant				

Figure 11: Update My Account page



2. Click the **Update** button. The modified account information is saved and the Home page is displayed with a confirmation message at the top of the page.

**Note:** To access the additional Utilities menu options from a mobile device; click the additional menus button at the top of the page. Click the Utilities dropdown arrow to display the sub-menus.

**Note:** You can update your account information at any time by using the above steps after clicking the My Account button on the Home page. The My Account page can also be accessed from the Utilities dropdown menu located on the Menu bar at the top of the Home page. User kimberly.j.gravestest@va.gov has been Updated

Figure 12: Update My Account Confirmation

Home	
Transit Application	
Approval Section -	
Utilities -	
My Account	
Change Password	

Figure 13: Utilities Menu Options

### 2.5 Session Time Out

If your session is inactive (i.e., you have not typed data into an existing page, requested a new page, submitted data, etc.) for 45 minutes, you will be automatically logged out.

### 2.6 Exit

- To exit the system from a desktop, click the **Logout** button on the PTBW home page.
- To exit the system from a mobile device, click the additional menu button = at the top of page. Click the Logout button. The Login page is displayed.



# 3. OVERVIEW OF THE PTB PUBLIC WEBSITE HOME PAGE

The tabs and links available to you on the PTB Public Website home page are determined by your assigned user role. User roles are assigned by the system administrator.

The Parking and Transit Benefit Public Website home page is divided into two sections:

- The menu bar displays at the top of the page and displays the following:
  - Home Click this tab to display the home page.
  - Transit Application Click this tab to display the Select An Action To Continue page.
  - Utilities Click this tab to display My Account and Change Password sub-menu options. If you have access to agency reports the Agency Reports option will display here.
  - Logout Click this tab to logout of the application.
- The main section of the home page displays buttons representing functions you can execute within the application.
  - Transit Benefit Application Click this button to display the Select An Action To Continue page.
  - My Account Click this button to display the Update My Account Information page.
  - Change Password Click this button to display the Change Password page.
  - Agency Reports There are two types of agency reports. Daily Agency Reports and Monthly Agency Reports. These options are only displayed when assigned by an administrator. Click this button to display the Agency Reports page.



Figure 14: PTB Public Website Home page

**Note:** To access the additional menu options from a mobile device; click the additional menus button at the top of the page. The additional menu options are displayed.



Figure 15: Additional Menu Options



### 3.1 Transit Benefit Application

The Transit Benefit Application option allows the applicant to request information, withdraw from the program, make SmarTrip ® changes, and certify/enroll in the transit benefit program, and submit monthly certifications.

 From the Home page; click the Transit Benefit
 Application button. The Select an Action to Continue page displays.

**Note:** *The Request Information radio button is selected by default.* 

Select an Action to	Continue	
	Employer: Department of VA.	
	Certify/Enroll/Change	
	<ul> <li>SmarTrip Change I</li> </ul>	
	○ Withdraw from the Program ♀	
	O Request Information <b>9</b>	
	Continue	

Figure 16: Select an Action to Continue page

### 3.1.1 Certify/Enroll

The Certify/Enroll option allows the applicant to enroll in the transit benefit program by submitting an application. Use the following steps to certify/enroll in the Transit Benefit Program:

- 1. From the Select an Action to Continue page; click the Certify/Enroll radio button.
- 2. Click the **Continue** button. The Warning page is displayed.
- 3. After reading the message; click the **I** Agree button. The Transit Benefit Application Worksheet is displayed.

**Note:** If the applicant does not agree, click the I Do Not Agree button to display the Select an Action to Continue page.

	WARNING !
Th pu Inc	is certification concerns a matter within the jurisdiction of an agency of the United States. Making a failes, fictitious, or fraudulent certification may constitute criminal violation instratedie under Title 18, United States Code, Section 1001, by imprisonment up to five years and fines up to \$10,000 for each offence, and/or agency disciplinary actions up to a fulling diamisati.
	- I certify that I am employed by the U.S. Federal Government
	- I certify that I am not named on a federally subsidized parking permit with any other federal agency.
	<ul> <li>- I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or vanpool, and will not give, sell, or transfer it to anyone else.</li> </ul>
	- I certify that in any given month. I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the month 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.
	- I certify that I will not claim the transit benefit in excess of my actual monthly commuting expense. If at anytime during a given month I am out of work due to sickness, vacation or any other reason, on official travel, or use a private vehicle for commuting. I will claim less and adjust the amount of my transit benefit the following month if appropriate.
	- I certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit.
	I Agree I Do Not Agree

Figure 17: Warning page



- 4. Select the reason for certification.
  - Annual Certification/Recertification
  - ♦ Change
  - New Transit Benefit Participant – This is the only available reason for newly registered participants.
- 5. Selection defaults to **Civilian**. Select your Employment Type.
- 6. Selection defaults to **Full Time**. Select your work status.

Note: \* indicates required field.

**Note:** *The identifier label can be renamed or hidden by the Agency TBM.* 

**Note:** Some agencies require the applicants to complete integrity training. If this is required; a checkbox will be displayed when the Annual Certification/Recertification or New Transit Benefit Participant reasons are selected.

**Note:** Your Name, Email Address, Work Phone, and Agency/Mode are pre-populated with the information you entered when you registered. Verify that the information is correct.

Certify/Enroll	
Transit Benefit Application \	Worksheet
C management of the suppression of	
All Transit Benefit Program Applican	nts are required to certify the "Total Monthly Expense" of their Home to Work Mass. Transit Commute.
instructions: To calculate your "Tota	ne transit benefit and must not be included in " Iotal Monthly Expense". al Monthly Expense"
a. Select your transportation me	sthod(s)
<ul> <li>b. Enter the following information</li> <li>i. Name of Company for the provided of the provid</li></ul>	n in the "To Work" and "From Work" row(s) of each transportation method: your method of transportation (Metro, BART, Subway)
<ol> <li>Daily or Monthly Expen iii. Number of days you ro c if you purchase a Monthly part</li> </ol>	190 sutinely work in a month ss: dwide the noise of the nass by 2, and enter the information in the Monthly Evnesse column
d. The Total Monthly Expense vi	alue automatically populates
"Reason for Certifica	dion:
Civilian/Militar	ny: O CIVILLIAN V
Work Sta	adus: Full Time 🗸
🕼 Transit Benefit Transportatio	on Methods
Always follow your Agency work sch	hedule policy for specific guidance on the Davs per Month entry.
Defined work schedule examples:	
<ul> <li>If you work a Basic schedule i</li> <li>If you work a Flex Schedule o</li> <li>If you work a Commenced of</li> </ul>	of 8-hours per day, the average amount of 20 Days can be entered into the Days per Month column of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month column thousand of 40 hours days. The average amount of 18 Days can be entered into the Days per Month column thousand the days of the days of the Days can be entered into the Days per Month column thousand the days of the days of the Days can be entered into the Days per Month column thousand the days of the days of the Days can be entered into the Days per Month column the days of the d
<ul> <li>If you telecommute or work pa</li> </ul>	ardune on ro-nour days, the average almount of to Days can be entered into the Days per Month countril art time, enter the number of days you actually commute to/from work.
	"Select your transportation methods:
	Bus Omeriaus Kall OmeriMemoo Vanpool
Every Transit Benefit Program Pa	articipant is responsible to adjust the amount of their transit benefit each Total Monthly Expense:
month to reflect the actual cost of	If their home to work commute.
G Transit Benefit Program Ap	plication
'Identific	NT. V
N	same         SHEPARD         HANK         V           (Last)         (First)         (Middle)
Email Add	treas: hank.shepardtest@va.gov "Work Phone: 0 202-555-7854
Common Marrielle	NT: 0
Department of V.A.	
"Select Your Agenc	sy: 0 VA 🗸 Region: 0 🗸
"Admi	iin: O V
	Populates for securitor agency Please select Admin
Accounting Coo	Click the Select button to select Accounting Code
Routing Symb	set  Select
	Click the Select button to select Routing Symbol
Location/Buildin	select
	Click the Select button to select Location/Building
	I certify that my usual monthly Transit commuting costs are: 9
	*
	This field is automatically calculated
formation	This field is automatically calculated
formation "Work Address:	This feel is automatically calculated
nformation "Work Address: "Work Zin:	This field is automatically calculated Work Address Work Zp
nformation "Work Address: "Work Zip:	This field is automatically calculated Work Address Work Zp
sformation "Work Address: "Work Zip: "Work Zip:	This field is automatically calculated  Work Address  Work Zp  Work Coy  Work State:
nformation "Work Address: "Work Zip: "Work Zity:	This field is automatically calculated           Wath Address           West Zp           Work City   Work State:
nformation "Work Address: "Work Zip: "Work City: nce Information	This field is automatically calculated           Work Adverss           Work Zp           Work City           Work State:
tformation Work Address: Work City: nce information 'Address:	This field is automatically calculated           Work Address           Work City           Work City           Work City           Address
Iformation Work Address: Work Zp: Work Cty: nce Information *Address:	This field is automatically calculated           Work Address           Work City           Work State:           Address           Address 2
Iformation Work Address: Work City: Work City: Address:	This field is automatically calculated           Work Address           Work City           Work State:           Address
nformation Work Address: Work Zp: Work City: nce Information *Address: 'Zp:	This field is automatically calculated       Work Adverse       Work Cap       Work Cap       Work Cap       Adverse       Adverse 2       Zap
formation Work Address: Work Zp: Work CR: Address: Zp: 'CR:	This field is automatically calculated       Wink Adverse       Wink Cap       Work Cap       Work Cap       Work Cap       Address 2       Zap       Cap       'State:
nformation Work Address: Work CRy: work CRy: 'Address: '2p: 'CRy:	This field is automatically calculated       Wink Address       Wink Cop       Work State:       Address 2       Zop       Color     "State:
tformation Work Address: Work City: Work City: More Information 'Address: 'City: er Information	This field is automatically calculated       Work Address       Work City       Work City       Address       Address 2       City       "State:
tformation Work Address: Work City: Work City: rece Information 'Address: City: er Information Approving Official: 0	This field is automatically calculated       Work Address       Work City       Work City       Address       Address 2       City     "State:       City     "State:
tformation Work Address: Work City: Work City: City: City: er Information *Approving Officiat: 0	This field is automatically calculated       Work Address       Work City       Work City       Work City       Address       City       "State:       City       State:       City
Iformation Work Address: Work City: Work City: Address: 22p: City: er Information *Approving Official: @	This field is automatically calculated       With Address       With Address       With City       Work City       Work State:       Address 2       Zo       City       State:       State:       City
Iformation Work Address: Work City: Work City: Work City: City: city: er Information *Address: city: er Information	This field is automatically calculated       Work Address       Work City       Work City       Work City       Work State:       Address 2       Zip       City       State:       State:
Information Work Address: Work City: Work City: Note Information Address: City: er Information Approving Official: 0 Patt of Contact: 0	This field is automatically calculated          Wink Address         Wink Zgo         Wink Zgo         Wink City         Work State:         Address 2         Zgo         City       "State:         State:       City         State:       C
Normation Work Address: Work City: Work City: More Information *Address: City: er Information *Approving Official: 0	This field is automatically calculated          Wink Address         Wink Cop         Work Cop         Work Cop         Work Cop         Work State:         Address 2         Zop         City       "State:         State:       City         State:       City         State:       City         State:       City         State:       City         City       State:         State:       City         City       State:         State:       City
Iformation Work Address: Work City: Work City: City: City: City: City: er Information 'Address: City: er Information 'Approving Official: 0 'Point of Contact: 0	This field is automatically calculated          Wurk Address         Wurk Address         Wurk City         Wurk City         Wurk City         Wurk City         Address 2         City         State:         State:         State:         State:         State:         City         State:         State:         City
tformation  Work Address:  Work City:  Work City:  City:  City:  er information  *Address:  City:  er information  *Approving Official: 0  *Point of Contact: 0	The feel is automatically calculated          Work Address         Work Ory         Address         Address         Ory         State:         Manager/Fund Certifier: Ø         Citick the Select builton to select Point of         State:         State:         Manager/Flore: Ø
Information  Weak Address:  Weak Address:  Weak Address:  Carp:  Carp:  Carp:  Carp:  Protet of Contact:  Protet of Contact:  Protet of Protet of Contact:  Protet of Protet of Contact:  Protet of	This field is automatically calculated          Work Address         Work City         Work City         Work City         Work City         Work City         Address         City         State:         City         State: <t< td=""></t<>
Information  Work Address:  Work Ctp:  Work Ctp:  Ctp:  Ctp:  Ctp:  Point of Contact: 0  SmartTrip Card Number: 0  :comment for Agency Approvers: 0	This field is automatically calculated          With Address         With City         Work City         Work City         Work City         Work City         Address         Address         Address         City         Select         City         Select         Citk the Select buttion to select         Approving Official         ManagerFlund Certifier: 0         Citk the Select buttion to select         Address: 0         Citk the Select buttion to select         ManagerFlund Certifier: 0         Citk the Select buttion to select         ManagerFlund Certifier: 0         Citk the Select buttion to select         ManagerFlund Certifier: 0         Citk the Select buttion to select         ManagerFlund Certifier: 0         Citk the Select buttion to select         ManagerFlund Certifier: 0         Citk the Select buttion to select         Select         ManagerFlund Certifier: 0         Citk the Select buttion to select         ManagerFlund Certifier: 0         Citk the Select buttion to select         ManagerFlund Certifier: 0
Information  Werk Address:  Work Zgs:  Werk Cdry:  Nether Information  Address:  Cgs:  Cdry:  Point of Contact: 0  SmartTrip: Card Number: 0  comment for Agency Approvers: 0	This field is automatically calculated          With Address         With City       "Work State:         With City       "Work State:         Address 2         Zip         City       "State:         State:       Citik the Select button to select         Approving Official       Manager Phone: ©         Citik the Select button to select       Manager Phone: ©         Citik the Select button to select Point of contact:       Manager Phone: ©         You have 1985 characters remaining       You have 1985 characters remaining
Information  Werk Address:  Work Zg:  Werk Cg:  Werk Cg:  Cg:  Cg: Cg: Cg: Cg: Cg: Cg: Cg: Cg	This field is automatically calculated   With Address   With City   Work State:     Work City     Address 2   Zip   City   Select   Manager Phone: Q   City   Select Select button to select Topont of Contact   You have 1995 characters remaining
tformation Work Address: Work Zep: Work Cep: Work Cep: Ception Work Ception Work Ception Work Ception Work Ception Work Ception Ception Work Ception	The feel is automatically calculated   Wurk Address   Wurk Address   Wurk Oby   Wurk Oby   Wurk Rate:   Wurk Oby   Mathematically calculated   Address   Address   Address   Address   Address   Oby   State:   St

Figure 18: Transit Benefit Application Worksheet



#### **Commuting Distance**

- If the Agency is tracking the commuting distance, the **Is your commute greater than 2hrs?** field will be displayed.
- If the commuting distance is greater than two hours, select Yes. The Is your primary address the same as your commuting address? field is displayed.
- If the primary address is different from the commuting address, select No. The Commute Address section is displayed. Enter the address where the commute starts, for instance a commuter bus pick-up location.

Is your commute greater than 2hrs? 9	Yes 🗸
Is your primary address the same as your commuting address? 😏	No
Commute Address	
*Commute Address: 9	Commute Address
Commute Address2:	Commute Address 2
"Commute Zip:	Commute Zip
"Commute City:	Commute City *Commute State: ~



- 7. Select your transportation method(s).
  - ♦ Bus



#### Figure 20: Bus Method

Other Bus to Work:	Name of Company	\$ Daily Expense	Days per Month	\$ Monthly Expense
Other Bus from Work:	Name of Company	S Daily Expense	Days per Month	S Monthly Expense
Every Transit Benefit Program Participar month to reflect the actual cost of their h	nt is responsible to adjust the amount of nome to work commute.	f their transit benefit each	Total Monthly Expense:	\$ 0.00

#### Figure 21: Other Bus Method

♦ Rail

Other Bus



#### Figure 22: Rail Method



• Other Method

Name of Company Daily Expense Days per Month Monthly Expense ther Method from Work Ther Method from Work Name of Company Daily Expense Days per Month Monthly Expense					
Name of Company Daily Expense Days per Month Monthly Expense	ther Method from Work Other Method from Work	Name of Company	S Daily Expense	Days per Month	\$ Monthly Expense
CODEL MEDIOU DO WORK	Carlet Metrico to Work	Name of Company	Daily Expense	Days per Month	Monthly Expense

#### Figure 23: Other Method

♦ Vanpool

Vanpool:		\$		S
	Name of Company	Daily Expense	Days per Month	Monthly Expense
Every Transit Benefit Program Participar month to reflect the actual cost of their h	t is responsible to adjust the am	nount of their transit benefit each	Total Monthly Expense:	\$ 0.00

#### Figure 24: Vanpool Method

• Parking

**Note:** The Agency must be set up to track parking costs. The Parking cost is separate from the Transit cost and is not calculated together.

**Note:** If all of the methods of transportation are selected, all of the methods will display in one table.

**Note:** When filling out the method of transportation table, be sure to follow your Agency's work schedule policies.

8. Fill out the selected method of transportation table for every selected method (i.e. Bus and Rail)

**Note:** Some agencies require additional transportation information. If this is required; a textbox will be displayed below the Name of Company field. The additional info label can be renamed by the Agency TBM.

**Note:** The Monthly Expense and the Total Monthly Expense is automatically calculated when you enter the Daily Expense and the Days per Month.

> 9. If the Agency allows the participant to be funded over the current mass transit statutory limit, radio buttons will be displayed giving the customer the option to pay taxes on the exceeded amount.



Parking.					2			
	Name of Company	Daily Expense		Days per Month	Monthly Exp		nly Expense	
From Transit Design Design Design								
Every Transit Benefit Program Participant is responsible to adjust the amount of month to reflect the actual part of their home to work commute		their transit benefit each		Total Monthly Expense:		\$	0.00	
month to reflect the actual cost of their nome to work commute.								_

Figure 25: Parking Method

Aways follow your Agency work schedule policy for specific guidance on the Days per Month entry. Defined work schedule examples: • If you work a Bais schedule of 8-hours per day, the average amount of 20 Days can be entered into the Days per Month • If you work a Flex Schedule of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be entered into the Days per Month • If you work a Compressed schedule of 0-hour days, the average amount of 16 Days can be e	
Defined work schedule examples: • If you work a Basic schedule of 8-hours per day, the average amount of 20 Days can be entered into the Days per Month • If you work a Flex Schedule of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month • If you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per M	vays follow your Agency work schedule policy for specific guidance on the Days per Month entry.
<ul> <li>If you work a Basic schedule of 8-hours per day, the average amount of 20 Days can be entered into the Days per Month if you work a Fiex Schedule of 9-hours per day, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month if you work a compressed schedule of 10-hour days, the average average amount of 16 Days can be entered into the Days</li></ul>	fined work schedule examples:
<ul> <li>If you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per M</li> </ul>	If you work a Basic schedule of 8-hours per day, the average amount of 20 Days can be entered into the Days per Month column     If you work a Flex Schedule of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month column
	If you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month column

#### Figure 26: Sample Agency Work Schedule Policies

Eveny Transit Repetit Program Particina	at is responsible to adjust the a	mount of their transit benefit each		
	Additional Into 😔			
	WMATA			
	Name of Company	Daily Expense	Days per Month	Monthly Expense
Bus from Work:	BFW	\$ 2.10	16	\$ 33.60
	Additional Info 😌			
	WMATA			
	Name of Company	Daily Expense	Days per Month	Monthly Expense
Bus to Work:	BIM	\$ 2.10	10	\$ 33.00

Figure 27: Method of Transportation Table

 I acknowledge my commuting costs are above the current \$130.00 tax free limit and fully understand I will be responsible for paying taxes on the amount I use that exceeds the current tax free limit.
 I do not want my monthly funded commuting benefit to exceed the current Transit statutory tax free limit.

Transit Statutory Limit Radio Buttons

- 10. Enter the Identifier. This field is used to uniquely identify the applicant.
- 11. Enter the Common Identifier. Depending on the agency, the Common Identifier can be a debit card activation keyword or number.

**Note:** *The common identifier label can be renamed by the Agency TBM.* 

- 12. Select your Region.
- 13. Select your Admin.
- 14. Depending on the Agency, three optional fields may be displayed (i.e. Accounting Code, Routing Symbol, and Location/Building). Click the Select link to display the available list for your agency.

**Note:** *The optional field labels can be renamed or hidden by the Agency TBM.* 

- 15. Enter your Work Information.
- 16. Enter your Residence Information.
- 17. Click the **Select** button to display the list for your agency's approving officials (1<sup>st</sup> Approver).
- 18. Select your Approving Official (1<sup>st</sup> Approver).

**Note:** If your agency is set-up for Single Approver – First Approve, this will be the only available option.

- Click the Select button to display the list for your agency's manager/fund certifiers (2<sup>nd</sup> Approver).
- 20. Select your Manager/Fund Certifier (2<sup>nd</sup> Approver).

Agency Optional Display Fields

Name		Email
Type to filter		
HARRY CAREY		harry.carey@treas.gov
	<< < 1 >	>>>

#### Figure 28: Approving Official

Man	ager/Fund Certifie	r						×
	Name					Email		
	Type to filter							
C	DARREN CHANG					darren.chang	@ed.gov	
C	HARRY CAREY					harry.carey@	treas.gov	
		<<	<	1	>	>> ]		
								Close

Figure 29: Manager/Fund Certifier





- 21. Click the **Select** button to display the list for your agency's point of contacts.
- 22. Select your Point of Contact.

**Note:** If your agency is set-up for Single Approver – Program Admin (3<sup>rd</sup> Approve), only a selected POC is required.

**Note:** *The approver and POC field labels can be renamed by the Agency TBM.* 

 Enter your SmarTrip® card information. If you have not purchased or do not use a SmarTrip® card, enter NA. See <u>Appendix A – SmarTrip®</u> <u>Card Instructions</u>.

# **Note:** *This field is only valid for DC, MD, and VA participants.*

24. Enter any information that will assist your Agency Approver with processing your application in the Comment for Agency Approvers textbox.

**Note:** Work and Residence addresses are verified via the USPS database. Enter the street address and then the zip code. The City and State are auto populated.

#### 25. Click the **Continue** button.

**Note:** If a smartrip card number was entered in the Smartrip Card Number field, the SmartBenefits® Program page is displayed.

Name		Region	Email
Type to filter		~	
TREASURY POC		DC	vikkey.owens@dot.go
	<< <	1 > >>	

#### Figure 30: Point of Contact

11410	****		
"Identifier: 😡			
Name:	RODRIGUEZ (Last)	KAREN (First)	LYNN LEE (Middle)
Email Address:	Karen.rodrigueztest@treas.gov	"Work Phone: (	202-555-7764
Common Identifier: 🥥	HELLOKITTY		
Department of Treasury			
*Select Your Agency: 😔	TRE-HQ ¥	*Region: 4	DC
*Admin: 😔	TRE-HQ -DC	~	
	Populates from Select Your Agency		
Accounting Code: 🥥	Click the Select button to select Account	ling Code	
Routing Symbol: 🕤	Click the Calact byttee to esteat Doution	Select	I
Location/Building: 🧿	Grick the belieft button to select Routing	oymuut Select	
	Click the Select button to select Location	v/Building	•
	I certify that my usual monthly Transit of This field is automatically calculated	commuting costs are: 9	\$ 200.00
Work Information			
'Work Address:	401 M ST SE		
"Work Zip:	20003		
"Work City:	WASHINGTON	"Work State: DC V	
Residence Information			
"Address:	1200 NEW JERSEY AVE SE		
'Address:	1200 NEW JERSEY AVE SE Address 2		
*Address: *Zip:	1200 NEW JERSEY AVE SE Address 2 20590		
*Address: *Zip: *CRy:	1200 NEW JERSEY AVE SE Address 2 20590 WASHINGTON	*State: DC 🗸	
*Address: -Zip: -City: Approver Information	1200 NEW JERSEY AVE SE Address 2 20590 WASHINGTON	"State: DC V	
*Address: -Zq: *City: Approver Information *Approving Officiat: 0	1200 NEW JERSEY AVE SE           Address 2           20590           WMMHINGTON           CAREY, HARRY         Served	"State: □C ▼ "ManagerFund Cottfer:	CAREY, MARRY C
*Address: *2tp: *City: Approver Information *Approving Official: @	1200 NEW JERSEY AVE SE Address 2 20590 WASHINGTON CAREY, HARRY Senot Clack the Select ballion to select Approving Official	*State: DC V	CAREY, HARRY Set     Click the Select button to select     ManagerPrivat Cettifer
*Address: *Zip: *City: Approver information *Approving Officiat: •	1200 NEW JERSEY AVE SE     Address 2     20599     WadewhortOM     Chatery HAMRY Select     Chatery HAMRY Select     Chatery HAMRY Select     TreEABURY POC Select	"State: DC V "ManagerFund Certifier: G Manager Phone:	CAREY, HARRY See Click the Select button to select Manager/Fund Cettiler
*Address: "2ip: "City: Approver Information *Approving Officiait • "Point of Contact: •	1200 NEW JERSEY AVE SE     Address 2     20599     WASHINGTON     CARE IV, HARRY Select     Address 2     CARE IV, HARRY Select     Address 2     TEASURY POC Select     Click the Select builton to select     Click the Select builton to select     Click the Select builton to select Point of     Contact	*State: DC V *ManagerFund Carifler ( Manager Phone (	CAREY, MARRY 84 Citick the Select button to select Manager/Fund Certifier
*Address: -2qp: -City: Approver information -*Approving Official: • -Point of Contact: •	1200 NEW JERSEY AVE SE       Address 2       20590       WASHINOTON       CAREY, HARRY       Select       Approving Official       TREASURY POC       Select Dation to select Point of Contact       NA	*State: DC  *ManagerFund Certifier: Manager Phone: C	CAREY, HARRY See Click the Select button to select Manager/Fund Certifier
*Address: -2p: -City: Approver Information *Approving Officiat: • *Point of Contact: • *SmarfTrip Card Number: • Comment for Agency Approvers: •		*State: DC V *ManagerFund Certifier: Manager Pione: (	CAREY, HARRY     Select button to select Manager/Fund Certifier
*Address: 'Zip: 'City: Approver information *Approving Official: • *Point of Contact: • *Smarffrip. Card Number: • Comment for Agency Approvers: •		"State: DC V "ManagerFund Cartifier: Manager Pinner:	CAREY, HARRY Cet Click the Select button to select Manager/Fund Cetther

Figure 31: Completed Transit Benefit Application



- 26. Click the YES I would like to enroll button to join the SmartBenefits® program. By clicking yes, you agree to have your transit benefits downloaded to your SmarTrip® card the first of every month.
- 27. Click the **NO Thank You** button if you do not want to join the SmartBenefits® program.
- 28. After clicking the **YES** or **NO** button, the application is submitted and redisplayed with a confirmation message at the top of the page.

**Note:** The informational message is only displayed when the applicant enrolls in the SmartBenefits® program.



Smart Benefits Program
If you would like to errol in the Smart Benefits Program or are already a Smart Benefits participant, please click the "Yes" button below and someone
from the Smart Benefits Texm will contact you shortly. The Smart Benefits Program eliminates the need to wait in line to pick up fare cards. Instead, your
monthly transit benefit will be downloaded directly to your Smart Benefits Card on the first day of every month.
YES I would like to errol
NO Thank You

Figure 32: Smart Benefits Program page

Thank you, your New Transit Benefit Participant Application has been submitted.

Thank You for enrolling in the Transit Benefit Program. Someone from the Smart Benefits Team will be contacting you shortly

Figure 33: Transit Benefit Program Confirmation



### 3.1.2 Monthly Certification

If your Agency is participating in The Monthly Certification Program, this option will allow the applicant to recertify without having to update any participant information. There are three types of applications that will meet the requirement. These are: New Transit Benefit Participant, Annual Certification/Recertification, and Monthly Certification.

When an agency is set-up for monthly certifications the participants are required to submit a recertification based on the frequency set by the agency. This could be anywhere from once a month to once a year. When participants are added to the program, notifications are sent via email. This email will contain the status of the online account. If the account is current the email will display the date the current recertification will expire. If the account is in suspended status the email will instruct the participant to submit an application.

Reminder emails will be sent to the participant leading up to the expiration date. If the participant does not submit an application on or before the expiration date the account will be put in suspended status. If the submitted application has been disapproved and sent back to the participant the online account will remain in suspended status until the application is resubmitted. If the account is suspended the participant will need to submit via the Certify/Enroll/Change page. The available reasons for certification are Annual Certification/Recertification and New Transit Benefit Participant. Selecting Annual Certification will need to be fully processed to finalize the reactivation. An email will be sent to the participant with the next recertification date.

Use the following steps to submit a Monthly Certification application:

- 1. From the Select an Action to Continue page; select the Monthly Certification radio button.
- 2. Click the **Continue** button. The Warning page is displayed.
- 3. After reading the message; click the **I** Agree button. The Transit Benefit Application Worksheet is displayed.

**Note:** If the applicant does not agree, click the I Do Not Agree button to display the Select an Action to Continue page.

**Note:** The applicant must be enrolled in the Monthly Certification Program to submit a monthly certification application.

**Note:** If your agency has disabled the Monthly Certification option on the Select an Action to Continue page, recertify via the Certify/Enroll/Change page.



Figure 34: Warning page



4. The application displayed is the current application on file. Verify that all prepopulated information is correct and valid.

**Note:** *The applicant can ONLY update the method of transportation and rates when submitting via the monthly certification page.* 

**Note:** If the address entered when the application was initially submitted is invalid; the monthly certification will not be able to be submitted. The applicant will need to submit an application via Certify/Enroll/Change to update the address.

**Note:** If the Manager, Supervisor, or POC selected when the application was initially submitted is no longer available for selection; the monthly certification will not be able to be submitted. The applicant will need to submit an application via Certify/Enroll/Change to update the Manager, Supervisor, or POC selections.

Transit Benefit Application Model	pot			
Iransit Benefit Application Worksh	eet			
All Transit Benefit Program Applicants are r	equired to certify the "Total Monthly	Expense" of their Home to Work Ma	iss Transit Commute	
Parking fees are not eligible for the trans	sit benefit and must not be include	d in "Total Monthly Expense".		
Instructions: To calculate your "Total Mont	hly Expense"			
a. Select your transportation method(s)				
<ul> <li>Enter the following information in the Name of Company for your me</li> </ul>	"To Work" and "From Work" row(s) o	f each transportation method: Subway)		
ii. Daily or Monthly Expense	and or manaportation (meao, Derer,	Subway)		
<ul> <li>Number of days you routinely c. If you purchase a Monthly pass, divid</li> </ul>	work in a month te the price of the pass by 2, and entr	er the information in the Monthly Expe	nse column.	
d. The Total Monthly Expense value au	tomatically populates			
Reason for Certification:	Monthly Certification			
Civilian/Military:	CIVILIAN			
Work Status:	FULL TIME			
C Transit Benefit Transportation Met	hods			
If you work 8-hour days, enter 20 in the Day If you work 9-hour days, enter 18 in the Day If you work 10-hour days, enter 16 in the Da If you telecommute or work part time, enter	/s per Month column /s per Month column ays per Month column the number of days you actually com "Select y	imute to/from work.		
	Bus Other Bus	Rail Other Method Vanpoo	1	
Other Bus to Work:	OBTW	\$ 3.10	20	\$ 62.00
	Name of Company	Daily Expense	Days per Month	Monthly Expense
Other Due from Ment-	OREW	\$ 240	20	\$ 23.00
ouer bus non work.	Name of Company	Daily Expense	Davs per Month	Monthly Expense
Every Transit Benefit Program Participa	nt is responsible to adjust the amo	unt of their transit benefit each		
month to reflect the actual cost of their h	iome to work commute.	unt of their transit benefit each	Total Monthly Expe	nse: 5 124.00
G Transit Benefit Program Applicatio	n			
Smart Benefits Program:	NO			
Identifier:	****			
Name:	SHANEFELTER	CHRIS		
	(Last)	(First)		
Email Address:	chris.shanefelter@treas.gov			
Work Phone:	(202) 555-8989			
Common Identifier:	TEOT		Work Zin Code: 20500	
Common Mendular.	1601		1018 Elp Coul. 20380	
Department of Treasury				
Agency/Mode:	TRE-HQ		Region: DC	
Admin:	TRE-HQ -DC			
	I certify that my usual monthly Tra This field is automatically calculate	ansit commuting costs are: 😌	\$	124.00
Work Information				
Work Address:	36 WORK PLACE			
Work City:	WORK	Work State: DC	Work	Zip: 44444
Residence Information				
&.d.d	52 HOME PLACE			
Address:	52 HOME PLACE			
City:	HOME	State: DC		Zip: 55555
Approver Information			er/Fund Certifier: DARRE	N CHANG
Approver Information	CAREY HARRY	Manan		
Approver Information Approving Official:	CAREY, HARRY	Manag		
Approver Information Approving Official: Point of Contact:	CAREY, HARRY TREASURY POC	Manag	Manager Phone:	
Approver Information Approving Official: Point of Contact: SmartTrip Card Number:	CAREY, HARRY TREASURY POC	Manag	Manager Phone:	
Approver Information Approving Official: Point of Contact: Smarthrip Card Number:	CAREY, HARRY TREASURY POC	Manag	Manager Phone:	
Approver Information Approving Official: Point of Contact: Smarthrp Carl Number: Commett for Agency Approver: 9	CAREY, HARRY TREASURY POC	Manag	Manager Phone:	
Approver Information Approving Official: Point of Contact: SmartTrip Card Number: Comment for Agency Approvers: 0	CAREY, HARRY TREASURY POC NA You have <b>1995</b> characters remaini	Manag	Manager Phone:	
Approver Information Approving Official: Point of Contact: SmartTrip Cerd Number: Comment for Agency Approvers: 0	CAREY, HARRY TREASURY POC NA You have <b>1995</b> characters remaini	Manag	Manager Phone:	Continue. Canc
Approver Information Approving Official: Point of Contact: SmartTrip Cerd Number: Comment for Agency Approvers: 0	CAREY, HARRY TREASURY POC NA You have 1995 characters remain	Manag	Manager Phone:	Continue. Can
Approver Information Appreving Official: Point of Contact: SmartTrip Card Number: Comment for Agency Approvers: 0	CAREY, HARRY TREASURY POC NA You have 1985 characters remain	Manag	Manager Phone:	Continue. Canc

Figure 35: Transit Benefit Program Application for Monthly Certification



5. Click the **Continue** button. The application is submitted and redisplayed with a confirmation message.

Thank you, your Monthly Certification application has been submitted.

Figure 36: Monthly Certification Confirmation



Figure 38: Current Transit Benefit Account

#### 3.1.3 SmarTrip® Change

The SmarTrip® Change option allows the applicant to submit a request to update a SmarTrip® card number associated with the account. Use the following steps to submit a request for a SmarTrip® number change:

- From the Select an Action to Continue page; click the SmarTrip® Change radio button.
- Click the Continue button. The SmarTrip® Change page is displayed.
- 3. Update the SmarTrip® card number.

**Note:** The applicant must be enrolled in the Transit Benefit Program to change the smartrip information. Registering a username does not mean that the applicant has enrolled in the program.

4. Click the **Submit** button. The request is sent to TRANServe for processing and a confirmation message is displayed at the top of the page.

SmarTrip Change			
General Information			
*Identifier:	****		
Name:	QUINTEROTEST	BIFF	
	(Last)	(First)	
Email Address:	biff.quinterotest@fdic.gov		
Agency:	Federal Deposit Insurance Corporation	(FDIC)	
SmarTrip Information			
SmarTrip Card Number: 📀			
			Submit Cancel

Figure 39: SmarTrip® Change page

Thank you, your Address/Smartrip Change Request has been submitted.

Figure 40: SmarTrip<sup>®</sup> Confirmation



### 3.1.4 Withdraw from the Program

The Withdraw from the Program option allows the applicant to submit a request to withdraw from the program at any time. Use the following steps to withdraw from the program:

- 1. From the Select an Action to Continue page; click the Withdraw from the Program radio button.
- 2. Click the **Continue** button. The Withdraw from the Program page is displayed.
- 3. Click the pop up calendar to select a withdrawal date.

villionaw from the Program		
identifier:		
Name:	MILLS	SHARONDA
	(Last)	(First)
Email Address:	Sharonda.Mills@va.gov	
Agency/Mode:	Department of V.A. (VA)	
*12345: 😧	(202) 555-4441	
"Withdrawal Date:		=
	Click the Calendar to select	a Withdrawal Date
*Approving Official: 🕄		Select
	Click the Select button to se	lect Approving Official
"Manager/Fund Certifier: 🛛		Select
	Click the Select button to se	lect Manager/Fund Certifier
Comment for Agency Approvers: 9		
	You have 1995 characters r	emaining

Figure 41: Withdraw from the Program page

- Click the Select button to display the list for your agency's approving officials (1<sup>st</sup> Approvers).
- Select your Approving Official (1<sup>st</sup> Approvers).

Name				Email	
Type to filter					
KIM LYONS				kim.lyonstest@va.gov	
	<<	< 1	>	>>	

Figure 42: Approving Official (1<sup>st</sup> Approver)

- Click the Select button to display the list for your agency's manager/fund certifiers (2<sup>nd</sup> Approvers).
- Select your Manager/Fund Certifier (2<sup>nd</sup> Approver).

**Note:** If the approval functionality has been disabled by the agency the approval fields will not be displayed and the application is sent directly to TRANServe for processing.

Mana	ager/Fund Certifier					×
	Name			E	mail	
	Type to filter					
C	GLEN HARPERTEST			gl	en.harpertest@va.go	v
C	JESSICA MARTIN			je	ssica.martins@va.go	V
		<< <	1	>	>>	
						Close

*Figure 43: Manager Fund/Certifier (2<sup>nd</sup> Approver)* 



8. Enter any information that will assist your Agency Approver with processing your application in the Comment for Agency Approvers textbox.

**Note:** *The Comment for Agency Approvers label can be renamed by the Agency TBM.* 

9. Click the **Withdraw** button. The request is sent to TRANServe for processing and a confirmation message is displayed at the top of the page.

**Note:** The applicant must be enrolled in the Transit Benefit Program to withdraw. Registering a username does not mean that the applicant has enrolled in the program.

Thank you, your application to Withdraw from the Program has been submitted.

Figure 44: Withdraw Confirmation

### 3.1.5 Request Information

The Request Information option allows the applicant to request information from the Agency Program Office by submitting questions regarding the transit benefit program or a submitted application through the Point of Contact (POC). Use the following steps to request information:

- From the Select an Action to Continue page; click the Continue button to display the Request Information page.
- The POC selected on a submitted application will pre-populate in the Point of Contact textbox. To select a POC, click the Select button to display the available POCs in a separate window.
- 3. Select a POC from the list.
- Enter the question or concern in the Question textbox and click the Send Request button.

Graves	Kimberly		Jessica	
(Last)	(First)		(Middle)	
kimberly.j.gravestest@dot.gov				
Department of Transportation				
	Select			
Click the Select button to select Point of C	Contact			
			Send Demuest	Cancel
	Graves (Last) kinchety j gravesteril@dxt.gov Department of Transportation Citck the Select button to select Point of C	Graves Kimberly (Last) (Pirst) Kimberly gravestest@dot.gov Department of Transportation Click the Select button to select Point of Contact	Graves Kincherly (J.as) (Pins) Kincherly Jgravesties(§dkt.gov Department of Transportation Cick the Select buttion to select Point of Contact	Graves Kinberly Jesska (Jan) (Pins) (Abdre) Kinberly Joravetleiß(akt.pov Department of Transportation Parts Cick the Select button to select Point of Contact

Figure 45: Request Information page

Poin	t of Contact			×
	Name	Region	Email	
C	TREASURY POC	DC	vikkey.owens@dot.gov	
				Close

Figure 46: Point of Contact



5. An email is sent to the selected TRANServe POC. The Home page is displayed with a confirmation message at the top of the page.

Thank you, your request has been sent.

Figure 47: Request Information Confirmation

### 3.1.6 Disapproved Applications

Applications that have been Disapproved are sent back to the applicant. If corrections are needed the applicant can make those corrections and resubmit the application.

- From the Home page; click the **Transit Benefit Application** button. The Select an Action to Continue page displays. The reason the application was disapproved is displayed at the top of the page.
- 2. Select the Update Disapproved Application Certification radio button.
- 3. Click the **Continue** button. The Warning page is displayed.
- After reading the message; click the I Agree button. The disapproved Transit Benefit Application Worksheet is displayed.

**Note:** If the applicant does not agree, click the I Do Not Agree button to display the Select an Action to Continue page.

Employer: Federal Deposit Insurance Corporation	
Request Information	
○ Update Disapproved Certification	
Continue	
	Employer: Federal Deposit Insurance Corporation

Figure 48: Select An Action To Continue page

	WARNING !
This c punish includi	entification concerns a matter within the jurisduction of an agency of the United States. Making a failes, fettilosis, or finaudoient certification may constitute criminal violation able under Title 16, United States Code, Section 1001, by imprisonment up to the years and fitnes up to \$10,000 for each offense, and/or agency disciplinary actions up to an or glammasa.
- 1	certify that I am employed by the U.S. Federal Government
-	certify that I am not named on a federally subsidized parking permit with any other federal agency.
- I Va	certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or npool, and will not give, sell, or transfer it to anyone else.
- I pe a	certify that in any given month. I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs ir month on public transit exceed the month statutory limit, then I will supplement those additional costs with my own funds rather than use Government-provided transit benefit designated for use in a future month.
- I ou th	certify that I will not claim the transit benefit in excess of my actual monthly commuting expense. If at anytime during a given month I am it of work due to sickness, vacation or any other reason, on official travel, or use a private vehicle for commuting. I will claim less and adjust e amount of my transit benefit the following month if appropriate.
-	certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit.
	I Agree I Do Not Agree

Figure 49: Warning page



Transit Benefit Program Applicant Guide

- The reason the application was disapproved is displayed at the top of the Transit Benefit Application Worksheet and the Transit Benefit Program Application.
- The applicant's information entered when the application was submitted is displayed in the fields. Make the noted corrections and resubmit the application by clicking the Continue button.
- Click the **Delete Application** and **Start Over** button to delete the existing application. Doing this will require the applicant to complete and resubmit a new application.

**Note:** If a Monthly Certification was disapproved, the applicant will need to click the Delete Application and Start Over button to resubmit the application via Certify/Enroll/Change to make the necessary corrections.

#### Office of the Secretary of Transportation

· · ·	Disapproved Reason: Last 4 SSN not entered. Please enter and resuoms.	
Cardidu/Enroll, Status Cardifies		
Certhy/Enroll State Certiles	ntion Disapproved	
G Transit Benefit Application Worksh	heet	
All Transit Benefit Program Applicants are n	required to certify the "Total Monthly Expense" of their Home to Work Mass Transit Commute	
Parking fees are not eligible for the trans	sit benefit and must not be included in "Total Monthly Expense".	
a. Select your transportation method(s)	bhy Expense"	
<li>b. Enter the following information in the i. Name of Company for your me ii. Daily or Monthly Expense</li>	e "To Work' and "Friem Work" row(s) of each transportation method: ethod of transportation (Metro, BART, Subway)	
<ul> <li>Number of days you routinely</li> <li>If you purchase a Monthly pass, dwo</li> </ul>	work in a month de the price of the pass by 2, and enter the information in the Monthly Expense column.	
<li>d. The Total Monthly Expense value au "Reason for Certification:</li>	Annual Curtication	
Civilian Milliary: 0	CIVILIAN V	
Work Status:	FullTime V	
G Transit Benefit Transportation Met	hods	
Always follow your Agency work schedule p	policy for specific guidance on the Days per Month entry.	
Defined work schedule examples If you work a Basic schedule of 8 hoses	surs per day, the average amount of 20 Days can be entered into the Days per Month column	
<ul> <li>If you work a Frex schedule or annual</li> <li>If you work a Compressed schedule</li> <li>If you telecommute or work part time</li> </ul>	urs per day, the average amount of 10 Days can be entered into the Lays per worm courm of 10-hour days, the average amount of 16 Days can be entered into the Days per Month column , enter the number of days you actually commute forthern work.	
	*Select your transportation methods:	
	Ban Other Ban Rait Other Michool Vangool Panking	
Bus to Work:	BTW         \$ 4.50         15         \$ 72.00           Name of Company         Daily Expense         Days per Month         Monthly Expense	
Bus from Work:	DFW \$ 450 16 \$ 72.00	
	Name of Company Daity Expense Listy's per information interview surgements	
Every Transit Benefit Program Participan	In this responsible to adjust the amount of their transit benefit each Total Monthly Expense: S 144.00	
HIGHLY OF COLUMN ON COLUMN	THE D WOR OTHER	
G Transit Benefit Program Applicatio	sn	
	Disapproved Reason: Last 4 SSN not entered. Please enter and resubmit.	×
"Identifier: O		
Name:	TESTON TRACEY	
Email Address:	(L.00) (***********************************	
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Figure 50: Disapproved Transit Benefit Application Worksheet



# 4. AGENCY REPORTS

Use the following steps to download an agency report:

- 1. From the Home page; click the **My Account** button. The Update My Account Information page displays.
- 2. Click the applicable password request button. A confirmation message is displayed.

**Note:** If you have access to both Daily Agency Reports and Monthly Agency Reports, a password button will be displayed for each report type.

- 3. Retrieve the emailed password.
- 4. From the Home page, click the applicable Agency Report button; the agency report page displays.

**Note:** *The same steps are used to download daily and monthly agency reports.* 

5. Click the link to display the Open/Save dialog message.

**Note:** Click the Open button to display the zip file or click the Save button to choose a location to save the zip file.

6. Extract the files to a selected folder.

Update My Acco	punt Information
Last Updated By:	Robinson, Angela - 12/02/2020 12:36:28 PM EST
*User Name:	daniel.Jamuff@archives.gov
*First Name:	Danial Middle Name: Middle Name *Last Name: Lamuff
*Agency/Mode:	ARCHIVES
	Agency options will show once your Government Email Address has been validated
Phone Number:	
Role:	Approving Official Set Role to Applicant
	Hide from Approver Lists
	Allow Withdrawals
	조 Email Agency Report Password
	St Email Agency Monthly Report Password

Figure 51: Update My Account Information page

Agency Monthly Report Password has been sent.

Figure 52: Agency Report Password Confirmation page

0		
U.S. Department	U.S. Department of Transportation	
Zip Format	EXE Format	
ARCHIVES Monthly Report - Jan 2021	ARCHIVES Monthly Report - Jan 2021	

track your downloads

View and track your downloads	Search downloads			
Name	Location	Actions		
AGENCYMONRzip 45.6 KB transitappmobiledev.ost.dot.gov	Do you want to open or save this file?	Open Save 🔻	×	

#### Figure 54: Open/Save Dialog Message



Figure 55: Zip File



#### Transit Benefit Program Applicant Guide

#### Office of the Secretary of Transportation

7. Enter the retrieved password and click the **OK** button.

8. Go to the selected folder and review the

downloaded report files.

Decrypt			$\times$
Enter password:			
☐ Hide the password			]
ОК	Cancel	Help	

Figure 56: Zip File Password

File Home Insert Dra														
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Figure 57: Agency Report File



# APPENDIX A: SMARTRIP CARD INSTRUCTIONS

For Smart Benefit Participants: Purchase and Register a SmarTrip® card

SmarTrip® card usage is mandatory for all participants in the National Capital Region.

- 1. Purchase a SmarTrip® Card This is a reloadable electronic fare card. Using a reloadable card supports the government's initiatives to support and improve the environment.
  - a. You can do this at a Metro Sales Store, Station Kiosk (these are located in Stations where parking is available, a Commuter Store and many retail establishments.

Note: Look here for more information on locations: http://www.wmata.com/fares/purchase/where.cfm

• You can also purchase a SmarTrip® Card on line: http://www.wmata.com/fares/purchase/

**Note:** An online order will require you to provide a shipping address which must match the billing address on line with your credit card provider.

- 2. Create a Personal Account to Register your SmarTrip® Card You must register your SmarTrip® card with WMATA in order to receive your transit benefit electronically. Registration may take up to 48 hours to be reflected in the WMATA system. An additional benefit of registering your card is to protect the funds on the card. If lost or stolen you may cancel the card. After you replace your SmarTrip® card, you can transfer the funds to the new card.
  - Register your SmarTrip® card here: https://smartrip.wmata.com/Registration/Register.aspx
  - You must indicate the type of card by matching the serial number on the back with the pattern that is circled below:

Card Type #1: 🔘	see metum teo WMATA, 600 Filth Stired, N.W. D.C. 20001 WTTig' and SmartBevetic's larger wTTig' and SmartBevetic's larger 012345678 C3DW803
	serial number
Card Type #2: 🔘	ese return to: WNAT2, 600 FRb Street, N.W.
	st trade stratterester works of WHATA 012345678 3 C3DW803
	serial number check sum
Card Type #3: 🔘	e return to: WMATA, 600 Fifth Street, N.W. (C. 2000)
	Trip* and SmantBenefits* logos trade/service marks of WMATA. C3DW017 0020 0001 5644 364 6
	serial number
Card Type #4: 🔘	return to: WMATA, 600 Fifth Street, N.W. . 20001
	Ip* and SmartBenefits* logos adejoarvice marks of WMATA. GD1137 0167 0693 4564 7992 9601
	serial number

TIP 1: Enlarge the number on a Xerox machine and attach to your application

TIP 2: If your SmarTrip® (or CharmCard) serial number is fewer than nine (9) digits, you need to add zero(s) to the front to make it nine (9) digits.

