

TRANSIT BENEFIT SELF-CERTIFICATION FORM AND REIMBURSEMENT VOUCHER

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-506. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists of Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with VA or any other Federal agency.

PART A - TO BE COMPLETED BY APPLICANT (EMPLOYEE)

NAME OF APPLICANT	SOCIAL SECURITY NUMBER	MONTH/YEAR FOR WHICH REIMBURSEMENT IS CLAIMED	AMOUNT OF REIMBURSEMENT CLAIM \$
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CERTIFICATION: I hereby certify that I am a Department of Veterans Affairs employee eligible for reimbursement under the Transit Benefit Program. I seek reimbursement for the funds I paid to a qualified public transportation carrier to commute to and from work during the month and year indicated above. I certify my claim does not exceed the maximum allowable amount. I am not named on a worksite parking permit with VA or any other Federal Agency. I understand that my reimbursement will be deposited via electronic funds transfer (EFT) to my account at the financial institution associated with my FMS Vendor ID. I understand this certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution and/or agency disciplinary actions up to and including dismissal.

SIGNATURE OF APPLICANT	DATE
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NOTE: This reimbursement will be sent EFT to the financial institution associated with the FMS Vendor ID below. If you do not have an FMS Vendor ID, contact the local fiscal office. If you do not know the Obligation Number and/or Organization Code, contact your local transit manager.

FMS VENDOR ID	OBLIGATION NUMBER	ORGANIZATION CODE	STATION NUMBER
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ORGANIZATION CODES

<ul style="list-style-type: none"> (00) Office of the Secretary (00CFM) Office of Acquisition, Logistics and Construction (GOE) (001AL) Office of Acquisition, Logistics and Construction (Supply Fund) (01) Board of Veterans' Appeals (02) General Counsel (002) Assistant Secretary for Public & Intergovernmental Affairs (004A) Assistant Secretary for Management (Finance Fund) (004F) Assistant Secretary for Management (Franchise Fund) (004G) Assistant Secretary for Management (GOE) (005F) Assistant Secretary for Information & Technology (Franchise Fund) (005G) Assistant Secretary for Information & Technology (GOE) 	<ul style="list-style-type: none"> (006G) Assistant Secretary for Human Resources & Administration (GOE) (007) Assistant Secretary for Operations, Security and Preparedness (008) Assistant Secretary for Policy & Planning (009) Assistant Secretary for Congressional & Legislative Affairs (10C) Veterans Health Administration - (Canteen Service) (10E) Veterans Health Administration - (Medical Administration) (10F) Veterans Health Administration - (Medical Facilities) (10J) Veterans Health Administration - (FHCC) (10M) Veterans Health Administration - (Medical Services) (10R) Veterans Health Administration - (Research) (20) Veterans Benefits Administration (40) National Cemetery Administration (50) Inspector General
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PART B - TRANSIT MANAGER CERTIFICATION

CERTIFICATION: I certify the employee above is eligible for reimbursement under VA's Transit Benefit Program. The amount claimed represents the transit costs to be reimbursed. I have verified or entered the correct FMS Vendor ID, Obligation number and Organizational code above. *(Current Obligation Numbers are available through the VACO Transit Manager. Obligation Numbers may change each fiscal year.)*

SIGNATURE OF AUTHORIZED OFFICIAL	DATE
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PRINTED OR TYPED NAME AND TITLED OF AUTHORIZED OFFICIAL	TELEPHONE NUMBER	STATION NUMBER
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COMMENTS