

**U.S. Department of the Interior  
Transit Subsidy Commuting Expense Work Sheet**

All qualified **DOI employees** are required to certify their monthly commuting costs by calculating to the nearest dollar for their daily commute to work.

**Instructions:** Calculate your Total Monthly Transit Commuting Expenses by the way you pay for your roundtrip daily commute to and from work. List your mode of commuter transportation and how much it costs you. All costs must be computed to a monthly expense using this work sheet. **This work sheet must accompany a new or revised transit subsidy application or Transit Subsidy Increase Form.**

**REMINDER:** Employees are reminded that parking fees are not eligible for transit benefits and should not be included when computing daily, weekly or monthly commuting costs.

Mode of Transportation		Daily Expense	Weekly Expense	Total Monthly Expense
<b>Bus to Work (local)</b>	Name of Company	\$	\$	\$
<b>Bus to Work (local)</b>	Name of Company	\$	\$	\$
<b>Other Bus Mode to Work (commuter or county)</b>	Name of Company	\$	\$	\$
<b>Other Bus Mode from Work (commuter or county)</b>	Name of Company	\$	\$	\$
<b>Rail to Work (MARC, VRE, Metro, other)</b>	Name of Company	\$	\$	\$
<b>Rail from Work (MARC, VRE, Metro, other)</b>	Name of Company	\$	\$	\$
<b>Other Mode to Work</b>	Name of Company	\$	\$	\$
<b>Other Mode from Work</b>	Name of Company	\$	\$	\$
<b>Authorized Van Pool</b>	Name of Company			\$

**Converting Daily and Weekly Cost to Monthly Cost**

**40-hour workweek and compressed workweek**

8-hour work day conversion			9-hour work day conversion			10-hour work day conversion		
Daily Cost	No. Days Worked	Total Monthly cost	Daily Cost	No. Days Worked	Total Monthly cost	Daily Cost	No. Days Worked	Total Monthly cost
	x 22	\$	\$	x 18	\$		x 16	\$
<b>Other Work Schedule Conversions (telecommuters, part-time, maxiflex, etc)</b>					<b>Weekly Work Schedule Conversions</b>			
Daily Cost	Number of commute days per month	Total Monthly Cost	Weekly Cost	Number of weeks per month	Total Monthly Cost			
\$	x no. days _____	\$	\$	x 4	\$			

As the applicant, I certify that I believe the information on this work sheet to be accurate. **Total Monthly Costs:**  
\$

Printed Name of Employee: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

As the applicant's supervisor, I certify that I have reviewed the information provided on this work sheet and believe it to be accurate.

Printed Name of Supervisor \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_