Commuter Transit Subsidy Benefits Program

DOCUMENT NAME: Mass Transit
DOCUMENT TYPE: 17

1. **Description:** Reimbursement of claims, not to exceed the monthly maximum limitation established by the Internal Revenue Service (IRS), for authorized Coast Guard personnel to use approved public, van pool, and mass transportation through the Commuter Transit Subsidy Benefits Program. The maximum statutory limit is set annually by IRS.

2. **Primary Form:** SF 1164, Claim for Reimbursement for Expenditures on Official Business

3. **Related Forms:** None

4. **Doc Number:** Standard Number – unit assigned.

The standard document number consists of 16 characters. The last three characters of the number should be suffix M00 (the alpha letter M and numerical number zeros 00). The Document Type is 17. For Transit Subsidy claims the suffix is always M00.

5. Accounting Data:

SAMPLE For FY 2013: 2/P/301/179/30/0/WM/47913/122Z

Please update accounting line data for each new fiscal year.

6. FINCEN Critical Processing Requirements:

a. Claims for Transit Subsidy / Mass Transit Fares must be forwarded to FINCEN for processing and the claims are required to use the Employee ID number. The paid receipt must be attached (can use clear tape – please tape securely if mailed) to the claim or supporting documentation of the expenditure charge (i.e. credit card charge).

b. All claims must be submitted with the following:

<u>CG Employee Completes (print legibly or type):</u>

(1) Block 1: Complete name and address of office handling the SF 1164 for the employee or employee work address.

(2) Block 4(a): Provide your complete legal name (as it appears on your salary payment); block 4(b) Employee ID (replace SSN with Employee ID number); block 4(c) complete home mailing address; and block 4(d) office phone number.

(3) Block 6(a): Must contain date of transit benefit service with the month and year (i.e. October 2011); block 6(b) provide the code (i.e. C); block 6(c) – (d) provide specific detail (i.e. Commuter Transit Subsidy Benefits); and block 6(g) provide the amount of expenditure in appropriate column (g) Fare *Expenditure*. Provide the TOTALS for column (g). Attach paid receipt or supporting documentation of the charge which can be secured with clear tape. Receipt or supporting documentation should agree with the amount claimed in column (g).

(4) Block 7: Provide the total amount claimed, which cannot exceed the maximum statutory limit set by IRS.

(5) Block 10: Claimant signature and current date must be provided.

Approving Official Completes:

(1) Block 8: Approving official signature and date must be provided. Verify all requested data is accurately completed. Verify the dollar amount of the receipt or supporting documentation agrees with the amount claimed on SF 1164 in block 6(g) and block 7.

(2) Provide the document number (doc type 17) and the line of accounting in the accounting classification field. This section must be completed to process the claim.

(3) The claim must be obligated in the accounting system before sending to FINCEN to process. All claims not obligated will be returned to Approving Official for corrective action.

(4) Submitted hard copy of documents must be readable and the Approving Official Signature in block 8 must be legible.

(5) The proper mailing for document type 17 (commuter transit subsidy benefits program - mass transit) is:

Commanding Officer (OPAMT2)
US Coast Guard Finance Center
1430A Kristina Way
Chesapeake, VA 23326-1000
ATTN: Ms. Deborah Pocock

7. FPD Information:

a. Standard generic input is made through the Simplified Acquisitions Applet under the Miscellaneous Obligations icon.

b. Obligations will transmit electronically via FPD.

8. Document flow:

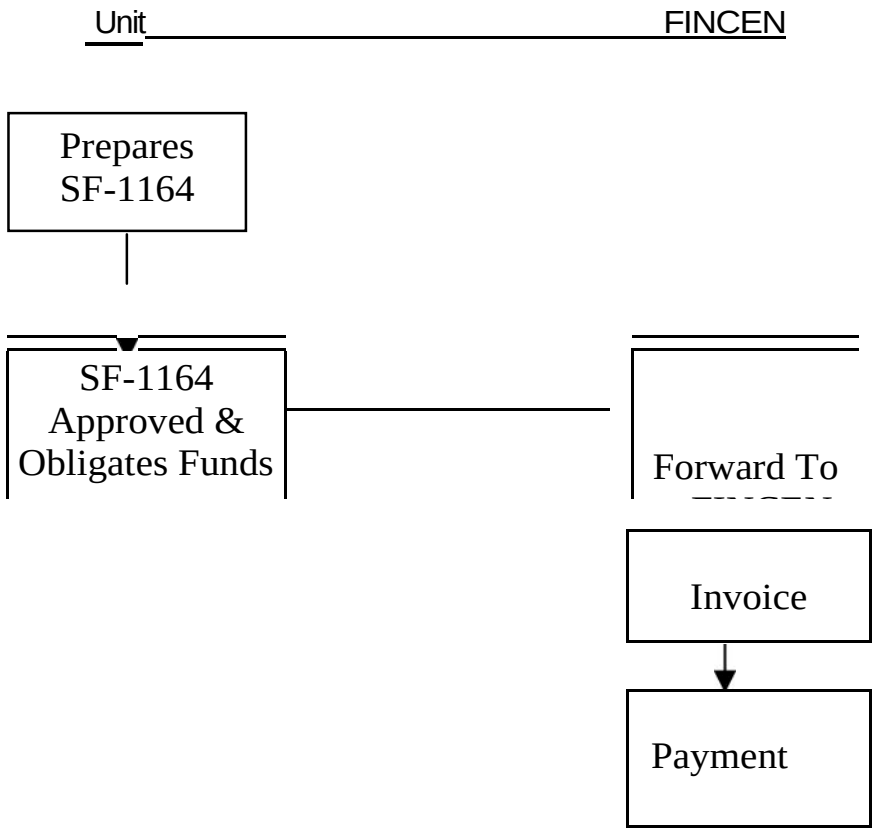

Figure 12C-37 Mass Transit Process

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Base National Capital Region
2100 2nd Street, SW
Washington, DC 20593

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME *(Last, first, middle initial)*: Brown, John C

b. SOCIAL SECURITY NO.: Employee ID XXXXXX

c. MAILING ADDRESS *(Include ZIP Code)*: 1919 Bird Lane, Washington, DC 20003

d. OFFICE TELEPHONE NUMBER: (202) 372-0000

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses *(itemized)*
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
October 2011	C	Commuter Transit Or	Subsidy Benefits		0.00	100.00		
		Designation From Woodbridge, VA	Designation To Washington, DC		0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK	0.00	0.00	0.00	0	0.00
			TOTALS	0.00	0.00	100.00	0	0.00

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* $ 100.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Bob Jones — DATE: 10/15/11

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE — DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: John Brown — DATE: 10/05/11

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

1712232PWM550M00
2/P/201/179/30/0/WM/47913/122Z

Figure 12C-38 SF 1164, Claim for Reimbursement for Expenditures on Official Business