

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO**

**PUBLIC TRANSIT SUBSIDY PROGRAM
VOUCHER FOR QUARTERLY REIMBURSEMENT**

PART A: I hereby request reimbursement in the amount shown below in Part B, Column 6, for the three-month period ending _____, 20__, for commuting to work on the following days using _____
(Name of Transit Company)

Month & Year	Date																											
	Trips Per Day																											

PART B: REIMBURSEMENT COMPUTATION

(1) Month & Year	(2) Total Trips	(3) One-Way Fare	(4) Total (Trips x Fare)	(5) Monthly Pass	(6) Enter Lesser Amount of #4 or #5
TOTAL AMOUNT CLAIMED (Total of Column 6) ▶					

PART C: EMPLOYEE SIGNATURE/CERTIFICATION

I certify that this voucher is true and correct to the best of my knowledge and belief and that I incurred these expenses for my own personal commute to and/or from my duty station at the court. I understand that this certification concerns a matter within the jurisdiction of an agency of the United States and that making a false, fictitious or fraudulent statement may render me subject to criminal prosecution under Title 18, United States Code, Section 1001 and/or to disciplinary action by the Court.

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	SIGNATURE	DATE

PART D: SUPERVISOR'S APPROVAL FOR PAYMENT

This voucher is approved.	SUPERVISOR'S SIGNATURE	DATE

PART E: CLERK'S OFFICE PROCESSING

Payment Doc #: _____	Accounting Template _____	By: _____
This voucher is approved.	CERTIFYING OFFICER APPROVAL	DATE

REMINDER: Please have your supervisor sign the form.