



U.S. Department of  
Transportation

Office of the Secretary  
of Transportation

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## TRANSIT BENEFIT PROGRAM BULLETIN

**Bulletin Number:** TSB-2013 - 04

**Date:** November 1, 2012

**SUBJECT:** Return of Excess Transit Benefits

**PURPOSE:** To inform commercial van pool companies and other 3<sup>rd</sup> party vendors of the steps necessary for the timely return of excess transit benefits previously held on account for TRANServe Agencies and other Federal Agencies.

**BACKGROUND:** The Transit benefit provided to eligible federal employees is calculated on a monthly basis as required under 26 CFR § 1.132-9, and as such, employees are not permitted to accumulate benefits in excess of their actual monthly commuting costs or to use accumulated benefits to offset commuting costs in subsequent months. Furthermore, overestimating transit costs, giving or selling transit benefits to others, or purchasing transit benefits from unauthorized sources is prohibited.

The Office of Management and Budget (OMB), on April 27, 2012, directed that accumulated transit benefit funds held in excess of the actual monthly commuting cost (as required under 26 CFR 1.132-9) be returned to the U.S. Department of the Treasury and that federal agencies strengthen internal controls to ensure compliance with the Federal Transit Benefit Program. To accomplish these directives, OMB designated the U.S. Department of Transportation (DOT), Office of Assistant Secretary for Administration [TRANServe], as the lead Federal agency to assist in the timely return of the Federal funds from van pool companies and 3<sup>rd</sup> party vendors.

**ACTION:**

1. When returning the excess funds held on account companies shall submit the following information:
  - i. Funds origin, to include agency and location
  - ii. Dollars segregated by agency
  - iii. Name and location of the van pool operator
2. The information shall be encrypted to protect the data and transmitted via e-mail to [TRANServe@dot.gov](mailto:TRANServe@dot.gov) consistent with the timing of the return of funds. The e-mail subject line should state "Pay.gov Excess Transit Benefit Funds Remittance".
3. The associated funds shall be returned via Pay.gov. Access the Pay.gov website; look for *Find Public Forms* type *DOTWCF* in the search field. Click *DOT OST Working Capital Fund Miscellaneous Payments*. Complete all fields with the requested information. Select *Other* for reason for payment and include the following statement in the information box: *Excess Transit Benefit Funds*. (See attached Pay.gov Screen Shots)

**INFORMATION:** For more information concerning the recovery of the excess federal <http://transerve.dot.gov/index.html> and click the link for "Return of Excess Transit Benefits"

Attachment

Pay.gov - Home - Windows Internet Explorer

https://www.pay.gov/paygov/

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Pay.gov - Home

Pay.gov<sup>®</sup> Provided by the US Department of the Treasury

Home

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DOTWCF

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**10/31/2012**

Attention VA Medical Care Copayment customers. If you do not know your username, or do not have one, you can still make a payment on our website. To make your payment, go to the right side of the screen and look for Frequently Used Forms. Click on the link titled Department of Veterans Affairs. On the next screen, click on the VA Medical Care Copayment link. Complete the required information and submit the form. [More Information](#)

**What is Pay.gov?**

Pay.gov can be used to make secure electronic payments to Federal Government Agencies. Payments can be made directly from your bank account or by credit/debit card.

**How Do I Make a Payment?**

Find the Agency Form you need to fill out. Complete the required information and submit the Form. Enter payment information and Submit your payment.

**What Federal Agencies Can I Pay?**

[Agency List](#)

**Should I Register?**

Will you use Pay.gov often?

**Information for Government Agencies**

**Frequently Used Forms**

- [SBA Payments](#)
- Borrower and Lender Payments, Administrative Payments from Employees, SBG
- [Department of Veterans Affairs](#)
- VA Medical Care Copayment
- [US Courts](#)
- Pay a violation notice

Internet | Protected Mode: On

Type DOTWCF and then select "GO"

Pay.gov - Search Results - Windows Internet Explorer

https://www.pay.gov/paygov/keywordSearchForms.html?sessionId=x17jQ5vXthryTVbr

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Pay.gov - Search Results

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Provided by the US Department of the Treasury

Home > Search Forms for "DOTWCF"

**Login**  
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**Find Public Forms**  
by Form Name  
by Agency Name  
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DOTWCF [Go]  
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**Search Public Forms**  
Your search for "DOTWCF" returned 1 result.  
Results: 1 of 1

**DOT OST Working Capital Fund Miscellaneous Payments** [View PDF]

Form Number: DOTWCF Miscellaneous  
Please use this form when directed by a Working Capital Fund office representative to make a payment deemed miscellaneous.  
Secretary of Transportation < Department of Transportation  
https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=22180779

Results: 1 of 1

Internet | Protected Mode: On 100%

Click here to access form

Pay.gov - Form Instance - Windows Internet Explorer

https://www.pay.gov/paygov/forms/forminstance.html?inc=1351782261522&agencyFormId=2286

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Pay.gov - Form Instance

UNITED STATES OF AMERICA

Please use this form only if directed by a Federal employee of the U.S. Department of Transportation, Office of the Secretary, Working Capital Fund (WCF). Some payments are for Dockets Copying and Certifying, Vendor payments to WCF for overpayments on purchase orders or rebates, and employee payments for personal phone calls.

\* Required fields are indicated with an asterisk

\* Individual First Name: \_\_\_\_\_

\* Individual Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

\* Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

\* E-mail: \_\_\_\_\_

Instructions: If payment is from a vendor, please include information such as purchase order number, invoice number, or other pertinent information which will assist in our identifying the reason for your payment. If "other" is chosen, please write a description of the payment you are making in the text box.

\* Payment Reason: Other

Other and Vendor information: **Excess Transit Benefit Funds**

\* Payment Amount: \$ \_\_\_\_\_

\* Payment Method:  ACH  Credit Card

Submit Data