NIH TRANSHARE Program
Commuting Cost Declaration
(For use in May through October)

Complete this form only if the current month is
May, June, July,
August, September, or October.

Instructions: Please complete this form, entering your projected commuter costs for the six (6) month period below, beginning with the current month. New TRANSHARE participants, if the month is May through October, submit this form along with a completed NIH TRANSHARE Program Application (Form NIH 2705-1). If you are renewing your participation in the TRANSHARE program for May through October, submit this form along with a completed NIH TRANSHARE Program Renewal form (Form NIH 2705-4). YOU MUST COMPLETE THE ENTIRE FORM, including your signature, which certifies that all of the statements on this form are true, complete, and made in good faith. The information that you include is subject to an administrative audit and criminal prosecution. **Read the Signature and Certification section in its entirety prior to signing this document.** This form, along with either the application or renewal form must be hand carried to the NIH Parking Office, 31/B3B04.

1. Employee's Name *(Last, First, Middle Initial)*

2. Institute or Center

3. NIH Identification Number

4. Commuting from *(County, City, State, Zipcode)*

5. Round Trip Distance of Commute *(Count **only** the miles on public transportation):* _____

6. **COMMUTING COST DECLARATIONS**

May _____ *(year)* Projection of the actual dollar amount of monthly public transportation commuting cost (excluding parking cost): $_____	**June** _____ *(year)* Projection of the actual dollar amount of monthly public transportation commuting cost (excluding parking cost): $_____	**July** _____ *(year)* Projection of the actual dollar amount of monthly public transportation commuting cost (excluding parking cost): $_____
August _____ *(year)* Projection of the actual dollar amount of monthly public transportation commuting cost (excluding parking cost): $_____	**September** _____ *(year)* Projection of the actual dollar amount of monthly public transportation commuting cost (excluding parking cost): $_____	**October** _____ *(year)* Projection of the actual dollar amount of monthly public transportation commuting cost (excluding parking cost): $_____

7. **SIGNATURE AND CERTIFICATION**

I certify that: I am employed by the government; I will be using Transhare fare for my daily commute to and/or from work; I will not transfer the fare to anyone else; I understand that I must surrender all NIH parking permits and provide all off-campus parking access card (FACSCARD) and/or sticker numbers to participate in the NIH Transhare Program; ***I understand that I cannot be a participant in the NIH Transhare Program and have on- or off-campus parking permits, other than satellite parking; I understand that I cannot have parking privileges and/or a reserved space at on- or off-campus facilities (i.e., all parking permits and privileges MUST be surrendered in order to participate in the NIH Transhare Program***. I certify that the monthly commuting costs that I have indicated are the actual dollar amounts of commuting to and from work; the monthly transit subsidy I am receiving does not exceed my monthly commuting cost; and to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith. A false, fictitious, or fraudulent certification will render me subject to criminal prosecution under U.S. Code, Title 18, Section 1001, including a fine and imprisonment for up to five years; a civil penalty action providing for administrative recoveries of up to $5,000 per violation; and/or agency disciplinary actions up to and including dismissal.

Applicant's Signature

Date

Privacy Act Statement

Public Law 101-509, title IV—General Provisions, section 629 (1990) authorizes the collection of the information on this form. The primary use is by management and the NIH Employee Transportation Services Office (ETSO) to analyze participation in the NIH TRANSHARE Program. Additional disclosures of the information may be to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. In the event of litigation where the defendant is: (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Department of Justice has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to present an effective defense, provided such disclosure is compatible with the purpose for which the records were collected. Furnishing the information on this form is entirely voluntary; however, failure to do so will result in ineligibility to participate in the NIH TRANSHARE Program.

FOR PARKING OFFICE USE ONLY

Processed by

Date