

Instructions for Completing the QBCR Claim for Reimbursement – Standard Form (SF-1164)

Qualified Bicycle Commuter Benefit (QBCR)

- a. A qualified bicycle commuter benefit (QBCR) will be provided through an annual cash reimbursement method in the months of October through December of the calendar year that reasonable qualified bicycle commuting costs (QBCC) were incurred, however schedules may be subject to bureau/office end-of-the-year processing or exit clearance schedule.
- b. The QBCR limitation (an annual statutory monthly amount) is multiplied by the number of qualified bicycle commuting months during such year (e.g., a Qualified Program Participants (QPPs) with eligible expenses for that period, who commutes by bicycle 3 months out of the calendar year with a \$20 monthly limitation, is entitled to a \$60 QBCR).
- c. QBCC can include the purchase of a bicycle, bicycle lock, bicycle parking/storage, bicycle safety equipment, bicycle improvements or accessories (e.g., reflective lights, racks), bicycle repairs and general maintenance, and personal safety and protective equipment (e.g., high-visibility safety apparel and headwear, and bicycle gloves); and/or bicycle share membership. These are considered reasonable expenses as long as the bicycle is regularly used (50 percent of daily commuting days or greater) for a substantial (50 percent or greater) portion of the travel (distance) between the participant's residence and place of employment.
- d. Program participants are ineligible for other transportation benefits (transportation in a commuter highway vehicle, transit pass or qualified parking benefits) during the months in which they receive/request the QBCR.

General Guidance

All Qualified Bicycle Subsidy Benefit Program Participants (Q P P s) must:

- a. Meet all eligibility requirements and commute by bicycle 50% of the month to qualify for the Qualified Commuter Bicycle Reimbursement (QBCR).
- b. Have incurred qualified bicycle commuting costs (QBCC).
- c. Not receive any other transportation benefits (transportation in a commuter highway vehicle, transit pass or qualified parking benefits) during the months in which they receive/request the QBCR.
- d. Maintain a Bicycle Commuter (Daily) Tracking Log and Bicycle Commuter (Monthly) Certification Statement records, to later submit for the \$20 a month QBCR.
- e. Submit Claim for Reimbursement Standard Form 1164 (SF-1164) with supporting daily and monthly records, as stated above, during the Annual Reimbursement & Recertification (ARR) period, October through December. Exception: De-enrolling participants may submit claims for reimbursement outside the ARR timeframe.
- f. Itemize each qualifying month on the SF-1164.
- g. Provide receipts for all reimbursable expenses. Failure to furnish receipts will result in a denial of reimbursement.
- h. Submit completed form(s) to the Transportation Subsidy Benefit Program (TSBP) Coordinator for review, prior to submission of claim form(s) to your bureau/office human resources or budget office.
- i. Ensure TSBP Coordinators signature with review date is placed on the top right hand corner of

the SF 1164.

- j. Submit claim form(s) to your bureau/office human resources or budget office for processing.
- k. Forward email notification to Transportation Subsidy Coordinator with funds disbursement date.
- l. Retain records/receipts of each claim.

Preparing a SF-1164 Claim

- a. Block 1: Complete bureau/office name and address of office handling the SF-1164 for the employee (i.e. SF-1164 contact).
- b. Block 4: Provide your complete legal name (as it appears on your salary payment), Last Four Digits of your Social Security Number complete home mailing address, and office phone number of SF 1164 contact.
- c. Block 6: Write **Bicycle Subsidy Benefit Program QBCR** and the amount of the expenditures in the appropriate columns; if applicable, provide a detailed description of expenditures and/or service.
- d. Block 7: Enter the amount claimed. Note: If the QBCR is multiplied by the number of qualified bicycle commuting months during such year with eligible expenses for that period, document this amortization on the form.
- e. Blocks 8 & 10: Approving Official (supervisor or manager) and Claimant must provide signatures and dates in appropriate boxes. Please print the approving official name below the signature if it is difficult to read.
- f. Block 9: Authorizing Certifying Officer (bureau/office human resources or budget office Officer) must provide signature and dates in appropriate box.
- g. Accounting Classification Block (at the bottom of the form): Must provide valid Fund, Fund Center, Functional Area, WBS Element, Budget Period, and Budget Object Code(s) (BOCs) for each accounting element breakdown, if applicable.

Processing Claims

Claims will be returned if all signature blocks are not completed. Claims must be submitted to the appropriate bureau/office human resource or budget for processing. Forms will be reviewed for appropriateness of expenditures and accuracy and then submitted for payment.