Department of Defense
National Capital Region Transit Subsidy Program
Transit Benefit Withdraw Form Revised: Dec 16, 2010

This letter certifies that _____ (Applicant Name - Please Print)

_____ (Last 4 numbers of SSN)

_____ (Organization)

_____ (Phone number and/or email address)

has turned in his/her:

- unused Fare Cards/Smart Benefit Vouchers/Tranben in the amount of _____
- check/money order payable to "U.S. Treasury" in the amount of _____

Total: _____

and will now be WITHDRAWN from the program on this date: _____ *(mm/dd/yy)*

Reason for Withdrawing:

- ☐ Parking Permit
- ☐ Retiring/Leaving DOD
- ☐ POC Request
- ☐ Other: _____

_____ _____

(Applicant Signature) (OST TRANServe / DOD Signature)

This receipt certifies that _____ (Applicant Name - Please Print)

has turned in his/her transit subsidy in the amount of _____ and requests to be WITHDRAWN from the Transit Program.

_____ _____

(Applicant Signature) (OST TRANServe / DOD Signature)