

Washington Headquarters Services

Mass Transportation Benefit Program (MTBP)

Version 1.4

December 2009

Agency Mass Transportation Benefit Reviewing Official (AMTB RO) User Guide

The WHS MTBP application is the web implementation of form DD2845. MTBP is an application that was developed to allow DoD federal employees and military members in the National Capital Region (NCR) apply for federally subsidized mass transportation benefits.

If you are unfamiliar with the program and would like more information, please visit the program website at <http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm>.

- For program certification information, please click the link for “Ethics Awareness Training.”
- If you have any questions, please feel free to contact the MTBP program office by email at transitpass@whs.mil or by phone at 571-256-0962.

MTBP AMTB RO Portal: <https://mtbp.whs.mil/Review/AMTBROPortal.aspx>

Please do not use the browser “Back” or “Forward” buttons, while in MTBP.

Reviewer Registration

If you are not already registered as a RO in MTBP, use the following link to register yourself as a MTBP Reviewer: <https://mtbp.whs.mil/Review/Registration.aspx>

This link will take you to the following screen, where you can enter your Title, Work Phone and E-Mail Address information.

Enter values for each of the fields, click on “Register”, to register your information.

The WHS Program Office (PO) will then contact you after assigning your access to MTBP.

The screenshot shows the 'Reviewer Registration' page of the Mass Transportation Benefit Program. At the top, there is a banner with the DoD National Capital Region logo and images of a bus and a van. Below the banner, the text reads 'Welcome, SUSAN GAETA PARENTE!' and 'Reviewer Registration'. A message states: 'Please enter your user information to request Reviewer authority in the Mass Transportation Benefit Program. (all fields are required)'. The form includes the following fields: 'Last Name: PARENTE', 'First Name: SUSAN', 'Title: [text box]', 'Work Phone: [text box] (enter as ten digits, xxx-xxx-xxxx, include area code)', 'Email: susan.paren.te.ctr@whs.mil (e-mail must be a .gov, .mil, .edu, or .org address.)', and 'Confirm Email: [text box]'. At the bottom of the form is an 'Update Information' button.

Email Notification

After an Applicant’s Supervisor has confirmed a MTBP application, an email is sent to the applicable AMTB RO. If you receive an email to review a MTBP application, you have been named as the Reviewing Official (RO) for a MTBP (Mass Transportation Benefit Program) application. The RO is the local responsible party, designated in accordance with Component policy, who is knowledgeable of program requirements. Click on the link to view the application in the MTBP system.

Below is an example of an email notification from the system to the RO.

From: RSS - WHS/DFD TRANSITPASS
To: Suhanick, Susan CTR WHS/ITMD/SI
Cc:
Subject: ACTION REQUESTED: Mass Transportation Benefit Program

Sent: Thu 6/18/2009 1:51 PM

Attn Reviewing Official:

You have been named as the Reviewing Official (RO) for a MTBP (Mass Transportation Benefit Program) application. The RO is the local responsible party, designated in accordance with Component policy, who is knowledgeable of program requirements. Please review the application carefully before signing, as your signature will approve/reject the below aspects of the applicant's application/information. Please also read the below text BEFORE clicking the application link.

[Go to <https://mtsbptest.whs.mil/Review/AMTBROReview.aspx?ApplicationKey=1265> to review and approve/reject the application.]

- You have reviewed the application and certify that the employee is in compliance with eligibility requirements [link to Qualify/Eligibility on Contribute site: <http://www.whs.mil/DFD/PSD%20Services/Qualifying.cfm>.]
- You have reviewed applications for completeness, to include
 - o Duty station, entire work 9 digit zip code, full work email address, and full work phone number.
 - o Commuting origination point, city of residence, and entire residential 9 digit zip code.
 - o Reasonableness/accuracy of commuting costs. (i.e. modes of transportation listed are commensurate with costs listed, etc.) You may require supporting documentation, including commuting cost calculations for program participants and you will conduct a random sample of cost calculations to ensure program compliance with program regulations.
 - o An appropriate work schedule is listed (i.e. number of days worked per month. Average number of days is 21 days, unless a compressed or alternate work schedule is in place)
 - o Supervisory signature.
- You have ensured applicants are not in receipt of a parking subsidy through comparison of participant and parking databases.

Once you've reviewed the application and have found it to be accurate, please sign and approve and it will be forwarded on accordingly. If you find that you need more information or have questions regarding the information, please contact the applicant or applicant's supervisor for clarification prior to approving/rejecting. If you reject the application, you are required to indicate the reason for rejection. For program certification information, please click this link <http://www.whs.mil/DFD/Info/EthicsTraining.cfm> for "Ethics Awareness Training". If you have any questions, please feel free to contact the MTBP program office by email Carey.Echerd.ctr@whs.mil or Tynisa.Johnson.ctr@whs.mil or by phone at (703) 693-3768.

Thank you.

Hint

A reminder email notification is sent to you, if the application is not acted on (approved or rejected) after 12 days.

Application Review

After you click on the application link in the email provided to you, you will see the application review page. Review the application carefully before signing, as your signature will confirm the following aspects of the applicant's application/information: You have reviewed the application and certify that the employee is in compliance with eligibility requirements. The following is a link to the qualification/eligibility requirements on the program website: <http://www.whs.mil/DFD/PSD%20Services/Qualifying.cfm>.

- You have reviewed applications for completeness, to include
 - o Duty station, entire work 9 digit zip code, full work email address, and full work phone number.
 - o Commuting origination point, city of residence, and entire residential 9 digit zip code.
 - o Reasonableness/accuracy of commuting costs. ((i.e. modes of transportation listed are commensurate with costs listed, etc) You may require supporting documentation, including commuting cost calculations for program participants and you will conduct a random sample of cost calculations to ensure program compliance with program regulations.
 - o An appropriate work schedule is listed (i.e. number of days worked per month. Average number of days is 21 days, unless a compressed or alternate work schedule is in place)
 - o Supervisory signature.
- You have ensured applicants are not in receipt of a parking subsidy through comparison of participant and parking databases.



Welcome, SUSAN GAETA PARENTE!



AMTBRO - Review Application

[Help](#)

Privacy Act

This application contains information subject to the Privacy Act of 1974, as amended.

[View Privacy Act Statement](#)

The employee below is attempting to apply for the DoD National Capital Region (NCR) Mass Transportation Benefit Program (MTBP). This application requires your review.

Please review the following application and approve or reject. If you reject the application, it is required that you provide a reason for the rejection. The applicant will be notified of your approval or rejection. Thank you for your support of the MTBP. If you need further assistance, please contact the MTBP program office at (703) 693-3768.

Application Review Events:

Date	Event	User	Comments
11/10/2009	Submitted to AMTBRO		n/a
11/10/2009	Supervisor Approved	PARENTE, SUSAN G	n/a
11/10/2009	Submitted to Supervisor		n/a
11/10/2009	Program Office Approved	PARENTE, SUSAN G	n/a
11/10/2009	Submitted to Program Office		n/a

[Click for full history](#)

Application:

Applicant:
Tracking Number: 25628358
Application Type: ENROLLMENT
Entry Type: Entered by Applicant
Last Name: HEMMINGS
First Name: CHRISTOPHER
Middle Initial: G
Last 4 Digits of SSN: 1111

Home:
Residence (City): HOME CITY
State: VA
9-Digit Zip Code: 20310-1155
Days Commuted Monthly: 21
Total Monthly Commuting Cost: 175.00

Work:
Duty Station: PENTAGON
City: WASHINGTON, DC
9-Digit Zip Code: 20310-1155
Work Telephone Number: 703-123-4567
Work E-Mail Address: susan.pARENTE.ctr@whs.mil

Supervisor:
Last Name: PARENTE
First Name: SUSAN
Work Telephone Number: 703-123-4567
Work E-Mail Address: susan.pARENTE.ctr@whs.mil

Organization: WHS - Washington Headquarters Services
Applicant Type: CIVILIAN
Military Member Type: N/A

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Mode
LOCAL BUS	WMATA	MONTHLY	175.00	A	B	175.00
Monthly Grand Total Mass Transportation Commuting Costs:						175.00

Applicant provided the following additional information:
N/A

The applicant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

Reviewing Supervisor: PARENTE, SUSAN G

- I approve this application.
 I reject this application.

DD2845

Application workflow history is provided for your information

Click here for a full history listing.

Supervisor that has reviewed and confirmed application

Click here to approve or reject.

Reason for rejection displays here, if "I reject..." is selected.

Click here to Submit.

If the application has already been reviewed by another RO, the following screen will display:

DoD National Capital Region
Mass Transportation Benefit Program

Welcome, Susan Suhanick!

MTBP Applicant AMTBRO Review [Help](#)

The application that you are trying to review has already been processed by another reviewing official within your organization.

Application Type: ENROLLMENT
 Applicant: SUSAN P SUHANICK
 Date Reviewed: 1/14/2009 1:14:28 PM
 Reviewed By: Program Manager SUSAN SUHANICK, 703-604-6076
 Status: AMTBRO Approved

[View application](#)

From this screen, if you click on “View Application”, you will see a summary page for the application.

DoD National Capital Region
Mass Transportation Benefit Program

Welcome, SUSAN GAETA PARENTE! [Help](#)

Privacy Act
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[View Privacy Act Statement](#)

Application Review Events:

Date	Event	User	Comments
11/19/2009	PIPA Check Approved		n/a
11/19/2009	Application Started	PARENTE, SUSAN G	n/a
11/19/2009	Submitted to Supervisor		n/a
11/19/2009	Program Office Approved	PARENTE, SUSAN G	n/a
11/19/2009	Submitted to Program Office		n/a

[Click for full history](#) [Click for other applications](#)

Application:

Applicant:	Home:	
Tracking Number: 86855846	Residence (City):	FALLS CHURCH
Application Type: ENROLLMENT	State:	VA
Entry Type: Entered by Applicant	9-Digit Zip Code:	22046-1111
Last Name: PARENTE	Days Commuted Monthly:	10
First Name: SUSAN	Total Monthly Commuting Cost:	35.70
Middle Initial: G		
Last 4 Digits of SSN: 9575		

Work:	Supervisor:
Duty Station: PENTAGON	Last Name: PARENTE
City: ARLINGTON	First Name: SUSAN
9-Digit Zip Code: 22202-2222	Work Telephone Number: 703-123-4567
Work Telephone Number: /US-123-4567	Work E-Mail Address: susan.paren.te.ct@whs.mil
Work E-Mail Address: susan.paren.te.ct@whs.mil	
Organization: WHS - Washington Headquarters Services	
Applicant Type: CIVILIAN	
Military Member Type: N/A	

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Ride
RAIL	Metrol	DAILY	3.57	West Falls Church	Pentagon	35.70
Monthly Grand Total Mass Transportation Commuting Costs:						35.70

Applicant provided the following additional information:
 Test test

The applicant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

Attachments:

Name	User	Date	Actions
Application_Information.doc	PARENTE, SUSAN	11/19/2009	

[Return to List](#)

DD2045

Application Approval/ Rejection

Once you've reviewed the application and have found it to be accurate, please sign and approve and it will be forwarded on accordingly. Click on the radio button for one of the following:

- "I approve this application."
- "I reject this application."

Approve

If you select "I approve this application", an email notification will be sent to the Applicant to notify him/her that his/her application has been approved.

Reject

If you select "I reject this application.", you must enter a reason for your rejection, in the text field entry box below the confirmation radio button selections. An email notification is sent to the applicant notifying them with the reason for rejection.

When you select Reject, a multi-line text box is displayed for entering a reason for rejection. A reason must be entered if you are rejecting the application. This reason will be provided to the Applicant in the reject email notification that they receive.

If you would like to Audit the application, click on the "**Audit Application**" button. (See below for instructions on auditing and attachments for an application.)

Finally, click on the "**Submit**" button, to submit your review of the application.

The screenshot shows a web form with two radio buttons at the top: "I approve this application." (unselected) and "I reject this application." (selected). Below the radio buttons is a text prompt: "Enter reason for rejection. Please note, if you return the application, any comments provided will be sent to the applicant." Underneath this prompt is a multi-line text input field. At the bottom of the form are three buttons: "Submit", "Audit Application", and "Return to Portal". The footer of the form displays "DD2845 JUN 2009".

Hint

After the application is Approved or Rejected, an email notification is sent to the Applicant, telling him/her:

- The application has been approved and is being forwarded for final processing and enrollment in the MTBP.
- The application has been rejected. The email will tell the Applicant the application has been rejected and state the reason for rejection.

AMTBRO Audit Application

If you click on the "**Audit Application**" button from the Application review screen, you will receive the following Audit Application screen.

The Application is displayed for view. At the bottom of the page, you can:

- 1) Enter notes or information for the Audit.
- 2) The



Mass Transportation Benefit Program



Audit Application

[Help](#)

Privacy Act

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[View Privacy Act Statement](#)

This page is available for you to capture any comments or documents pertaining to the audit of this application.

Application:

Applicant:
Tracking Number: 25628358
Application Type: ENROLLMENT
Entry Type: Entered by Applicant
Last Name: HEMMINGS
First Name: CHRISTOPHER
Middle Initial: G
Last 4 Digits of SSN: 1111

Home:
Residence (City): HOME CITY
State: VA
9-Digit Zip Code: 20310-1155
Days Commuted Monthly: 21
Total Monthly Commuting Cost: 175.00

Work:
Duty Station: PENTAGON
City: WASHINGTON, DC
9-Digit Zip Code: 20310-1155
Work Telephone Number: 703-123-4567
Work E-Mail Address: susan.parente.ctr@whs.mil
Organization: WHS - Washington Headquarters Services
Applicant Type: CIVILIAN
Military Member Type: N/A

Supervisor:
Last Name: PARENTE
First Name: SUSAN
Work Telephone Number: 703-123-4567
Work E-Mail Address: susan.parente.ctr@whs.mil

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Mode
LOCAL BUS	WMATA	MONTHLY	175.00	A	B	175.00
Monthly Grand Total Mass Transportation Commuting Costs:						175.00

Applicant provided the following additional information:

N/A

The applicant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

Reviewing Supervisor: PARENTE, SUSAN G

Audit Information

Please enter additional notes for this audit

Attachments

Click the Browse and Upload buttons to select a file to attachment. The selected file must be less than 3 MB in size.

No documents have been added to this application.

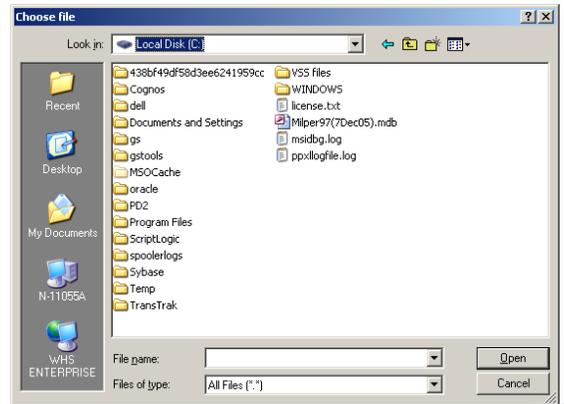
DD2845

Enter Audit notes, or information here.

Use "Browse" and "Upload" to attach files for the Audit.

Click here to submit Audit information and/or attachments.

Click **“Browse”** to obtain a Choose File dialog box, where you can browse to select the file you would like to attach. Select the file to attach, and then click the **“Open”** button to attach it.



The selected file path will display in the field.

Click **“Upload”** to upload the selected file.

Audit Information

Please enter additional notes for this audit

Attachments

Click the Browse and Upload buttons to select a file to attachment. The selected file must be less than 3 MB in size.

C:\Documents and Settings\suhanics\Desktop\Application_Information.doc

No documents have been added to this application.

DD2845

To delete the selected file, click on the X (delete icon) next to the file to delete.

Audit Information

Please enter additional notes for this audit

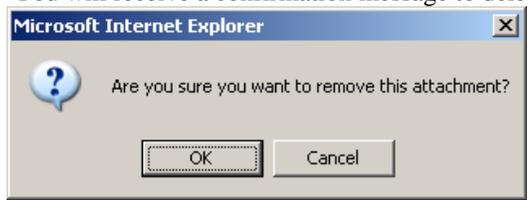
Attachments

Click the Browse and Upload buttons to select a file to attachment. The selected file must be less than 3 MB in size.

Name	User	Date	Actions
Application_Information.doc	PARENTE, SUSAN	11/19/2009	<input type="button" value="X"/>

DD2845

You will receive a confirmation message to delete the file.



Click **“OK”** to delete the file.

Hint

An attached file can only be deleted before the Audit is submitted. After the audit is submitted, additional files can be attached, but attached files cannot be deleted.

After the user clicks on the “**Submit**” button, the Audit is recorded in the Application Review Events log, and the comments are viewable.

Application Review Events:

Date	Event	User	Comments
11/19/2009	AMTBRO Audit	PARENTE, SUSAN G	Audit Notes
11/04/2009	Submitted to AMTBRO		n/a
11/04/2009	Supervisor Approved	WILCOX, JUSTIN A	n/a
11/04/2009	Submitted to Supervisor		n/a
11/04/2009	Program Office Approved	BENNETT, ITASKER W	n/a

[Click for full history](#)

Then approve or reject the application and click “**Submit**”.

AMTBRO Approval Portal

After clicking on the “**Submit**” button to approve or reject the application, you will be directed to the AMTBRO Approval Portal screen. If you have other applications awaiting your review, they will display here, as in the following screen example.

DoD National Capital Region
Mass Transportation Benefit Program

Welcome, SUSAN PARENTE SUHANICK!

AMTBRO Approval Portal [Help](#)

Use this screen to review applications awaiting approval. Click [here](#) to review all applications for your suborganization(s).

10 Application(s) Pending

Name	Application Type	Date	Status	Org. Code	Actions
HELEN M AARON	CHANGE	05/20/2009	Submitted to AMTBRO	DODIG	Review
WANDA M ALLEN	CHANGE	05/15/2009	Submitted to AMTBRO	WHS	Review
NORMA L HILL	ENROLLMENT	05/19/2009	Submitted to AMTBRO	WHS	Review
LAKISHA R HUGHES	ENROLLMENT	05/18/2009	Submitted to AMTBRO	WHS	Review
LAVERNE KEY	CHANGE	05/21/2009	Submitted to AMTBRO	DODIG	Review

If you do not have other applications to review, you will see the following screen.

DoD National Capital Region
Mass Transportation Benefit Program

Welcome, Susan Suhanick!

AMTBRO Approval Portal [Help](#)

Use this screen to review applications awaiting approval. Click [here](#) to review all applications for your suborganization(s).

No applications are presently in the queue.

Click the link to search for other applications. This will bring you to the Search for Applications screen.

Search for Applications

Use the following screen to enter criteria: Last Name, First Name, Organization, and/ or Suborganization to search.

After entering criteria, click on “**Search**” to search the applications, based on the criteria entered. You may also click on “**Search**” without any criteria, to see all Applications in the MTBP system.

Click on “**Clear**”, if you wish to clear the search criteria.

Click on “**Return to Portal**” to return to the RO Portal home page.

After clicking on “**Search**” the “AMTBRO Review List” screen is displayed. The list results depend upon the criteria entered. The MTBP Applications matching the criteria are displayed in alphabetical order by the Applicant’s last name.

Click on the bottom left page numbers to view other pages of this list.

Clicking on any of the table headers resorts the table by this column:

- The first click will sort alphabetically.
- The second click will sort in reverse alphabetical order: Name, Applicant Type, Submit Date, Status, or Org. Code

Click on the “**View**” link for the application you would like to view.

Click on “**Return to Search**” to return to the previous Search for Applications screen.

Click on “**Return to Portal**” to return to the RO Portal home page.

Welcome, SUSAN PARENTE SUHANICK!

AMTBRO Review List

Use this screen to review all MTBP applications for your suborganization(s).

26 Application(s)

Name	Application Type	Date	Status	Org. Code	Actions
CARL E SABATH	CHANGE	05/21/2009	DOT Change Processed	WHS	View
CHANDRA P SANKHLA	RECERTIFY	04/28/2009	DOT Recertify Processed	DODIG	View
KENNETH SATERIALE	CHANGE	03/20/2009	DOT Change Not Processed	WHS	View
JANICE D SAVOY	UNKNOWN	02/19/2009	PPFA Check Approved	WHS	View
NIKOLETTA SCHMIDT	ENROLLMENT	04/13/2009	DOT Enrollment Processed	WHS	View
HENRY L SCOTT	ENROLLMENT	03/20/2009	DOT Enrollment Processed	WHS	View
FELICIA D SEBRELL-WEBSTER	CHANGE	05/20/2009	Submitted to AMTBRO	WHS	View
MARK J SHANOSKY	CHANGE	02/25/2009	DOT Change Processed	DODIG	View
CHARLES R SHEASLEY	CHANGE	02/18/2009	DOT Change Processed	WHS	View
YAN SHEN	RECERTIFY	04/01/2009	DOT Recertify Processed	DODIG	View

1 2 3

[Return to Search](#) [Return to Portal](#)

View Application

After clicking on the “[View](#)” link for an applicant, you are able to view their application. This will only allow you to view the application, you cannot make edits.

The Application Review Events table displays the workflow status events for this application, with the most current event at the top of the list.

When you are done viewing the application, click on the “**Return**” button on the bottom of the screen, to return to the RO Review Portal home page.

The screenshot shows the application review interface for the Mass Transportation Benefit Program. At the top, there is a header with the DoD National Capital Region logo and the program name. Below the header, a welcome message is displayed for SUSAN GAETA PARENTE. The main content area is titled "Application Details" and includes a "Privacy Act" section with a link to the Privacy Act Statement. A table titled "Application Review Events" shows a history of events from 11/10/2009, including "Pending DOT", "AMTBRO Approved", "AMTBRO Audit", "Submitted to AMTBRO", and "Supervisor Approved". Below this, the "Application" section provides detailed information about the applicant, their work, and their transportation mode. A table summarizes the transportation mode as LOCAL BUS with a monthly cost of 175.00. The applicant has provided additional information, including a certification that they are a Federal employee and eligible for the benefit. At the bottom, there are buttons for "Audit Application" and "Return to Portal", along with the application ID DD2845.

Mass Transportation Benefit Program

Welcome, SUSAN GAETA PARENTE!

Application Details [Help](#)

Privacy Act

This application contains information subject to the Privacy Act of 1974, as amended.
[View Privacy Act Statement](#)

Application Review Events:

Date	Event	User	Comments
11/10/2009	Pending DOT		n/a
11/10/2009	AMTBRO Approved	PARENTE, SUSAN G	n/a
11/10/2009	AMTBRO Audit	PARENTE, SUSAN G	test audit text
11/10/2009	Submitted to AMTBRO		n/a
11/10/2009	Supervisor Approved	PARENTE, SUSAN G	n/a

[Click for full history](#)

Application:

Applicant:	Home:
Tracking Number: 25628358	Residence (City): HOME CITY
Application Type: ENROLLMENT	State: VA
Entry Type: Entered by Applicant	9-Digit Zip Code: 20310-1155
Last Name: HEMMINGS	Days Commuted Monthly: 21
First Name: CHRISTOPHER	Total Monthly Commuting Cost: 175.00
Middle Initial: G	
Last 4 Digits of SSN: 1111	

Work:	Supervisor:
Duty Station: PENTAGON	Last Name: PARENTE
City: WASHINGTON, DC	First Name: SUSAN
9-Digit Zip Code: 20310-1155	Work Telephone Number: 703-123-4567
Work Telephone Number: 703-123-4567	Work E-Mail Address: susan.parente.ctr@whs.mil
Work E-Mail Address: susan.parente.ctr@whs.mil	
Organization: WHS - Washington Headquarters Services	
Applicant Type: CIVILIAN	
Military Member Type: N/A	

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Mode
LOCAL BUS	WMATA	MONTHLY	175.00	A	B	175.00
Monthly Grand Total Mass Transportation Commuting Costs:						175.00

Applicant provided the following additional information:
 N/A

The applicant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

Attachments
 No documents have been added to this application.

[Audit Application](#) [Return to Portal](#)

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Audit Application

The RO can also audit an application that has been previously Approved by themselves or another RO. To Audit an application which you are viewing, click the “**Audit Application**” button at the bottom of the screen. See above for instructions on Audit information and file attachments for a MTBP Application Audit.

Close MTBP AMTB RO Review Portal

When you are done viewing applications, close the browser, to exit the MTBP system.

Frequently Asked Questions (FAQ)

MTBP AMTB RO Portal URL: <https://mtbp.whs.mil/Review/AMTBROPortal.aspx>

MTBP WHS Program Office: Email at transitpass@whs.mil, or by phone at 571-256-0962.

TECHNICAL ISSUES:

If you are experiencing technical issues with the MTBP Application, please contact your IT Help Desk. The following are some common technical issues and their resolutions:

I get an error when I try to access the MTBP Application URL (<https://mtbp.whs.mil/application>)

Error: You click on the link from the MTBP system email notification.

Solution: Copy and paste the link from the email into the Internet Explorer (IE) web browser.

Error: If you receive a page not found or a digital certificate error or other error message that prevents you from accessing the MTBP application.

Solution: Contact your Information Technology (IT) Help Desk.

I get a "Client Certificate Required" error

Error: If you receive an error "Client certificate required". This is a client digital certificate problem that would occur if:

- (a) You cancelled the "Choose a digital certificate" window when you went to the site
- (b) You cancelled the "Choose a digital certificate" window when you went to the site and then tried to click on the link from Outlook

Solution: Close all Internet Explorer windows or, at minimum, close the last 1 or 2 Internet Explorer windows opened. Open a new Internet Explorer session. By doing this, you force Outlook to use a brand new window and, thus, prompt again for a certificate. If this does not resolve the issue, please contact your Information Technology (IT) Help Desk.

The MTBP Application does not work correctly on my Firefox browser

Error: If you are using Firefox and having problems with the application display or functionality

Solution: Use Internet Explorer (IE) 6.0 or higher. Firefox is not supported by MTBP

I get "Couldn't process request, contact your Help Desk" error

Error: "Couldn't process request", error message

Solution: Contact your Information Technology (IT) Help Desk.

I get a Session Time-Out Error

Error: Get "Session Time-out" error.

Solution: Close the browser window, open a new window and go to <https://mtbp.whs.mil/Review/AMTBROPortal.aspx>

MTBP PROGRAM QUESTIONS OR ISSUES:

If you have a question on the Mass Transportation Program, your application or about the mass transportation benefit program, please contact the WHS Program Office (PO).

I Did Not Receive an Email Notification Stating I Have an Application Awaiting my Approval

If you do not receive an email notification; contact the WHS PO, so they can escalate this issue to their technical IT staff for resolution.

Application Already Reviewed by Another Person

If while reviewing an application, you receive a system message saying that the application has already been reviewed by another person, you may contact the person who has reviewed the application for additional information, or the WHS Program Office.