



Employer's Monthly Pass Form

Date: _____

Company: _____

Address: _____

Contact: _____

Title: _____

Phone No: _____ e-mail: _____

Please furnish the passes as indicated below for the month of _____, 20____.

FULL FARE

_____ Number of passes at \$64 each _____ Total cost

REDUCED FARE *

_____ Number of passes at \$32 each _____ Total cost

Enclosed is a check in the amount of \$ _____ for purchase of the Metro Advantage passes indicated above.

Kindly submit this form and payment by the 10th of the month preceding the month in which the passes will be used. Or, call Metro's Cash Management Office to place your order.
Thank you.

Payments should be made to: NFTA/Metro System, Inc.,
Cash Management Office – 2nd floor 181 Ellicott Street, Buffalo, NY 14203
Phone: (716) 855-7202 (TDD) 855-7650– Fax: (716) 855-7311
www.nfta.com

*Reduced Fares: Qualified individuals are 65+, have a Medicare card or a disability. (For information on qualifying disabilities, call (716) 855-7360 or visit www.nfta.com/metro/reduced_fare.asp.) To take advantage of reduced fares riders must present either a Medicare card (red, white and blue), a Senior card issued by Erie or Niagara County or a reduced fare ID card issued by NFTA-Metro when paying.

The American Recovery and Reinvestment Act of 2009 includes a provision that temporarily increases the amount of the transit pass and vanpooling benefits that can be excluded from an employee's income under Code Section 132(f) to \$230. The increase is accomplished by making the combined monthly limit for transit pass and vanpooling benefits equal to the monthly limit for qualified parking expenses.