



**PARATANSIT ACCESS LINE
Employer's PAL Pass Form**

Company: _____

Address: _____

Contact: _____

Title: _____

Phone No: _____

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

_____ No. passes, 10 Trips \$35

_____ No. passes, 20 Trips \$70

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

Kindly submit this form and payment by the 15th of the month. 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
Ph. (716) 855-7202, ☎ TDD / relay 711 or 800.662.1220, Fax (716) 855-7311

www.nfta.com

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.