



Vanpool Discount on Managed Lane Facilities Reimbursement Request Form

Review and confirm that you have met the following requirements before completing the document:

1. The Regional Vanpool Program is a Regional Transportation Council (RTC)-subsidized program operated by the Denton County Transportation Authority (DCTA) and Trinity Metro.
2. Vanpool requestor/participant has pre-registered as part of the GoCarma HOV process. This is an eligibility requirement to receive the 50 percent vanpool discount.
3. Requestor has obtained and displays a valid TollTag, TxTag, or EZ Tag on the van windshield.

Requestor Information

Full Name: Smith John A.
Last First M.I.

Address: 123 Main St.
Street Address Apartment/Unit #

Your City TX
City State ZIP Code

Primary Phone: 555-123-4567 Alt. Phone: _____

Email: jasmith@google.net

Name of Vanpool Provider: (DCTA or Trinity Metro): Trinity Metro

Specify Requestor's Vanpool Role (Captain, Co-Captain, Rider): Captain

Vanpool Identification Information

Vanpool ID Name/Number: 40001

Vanpool Toll Tag Number : DNT.01234567

Vehicle License Plate Number: TX12345

Reimbursement

Reimbursement may be requested when the expenses have reached a minimum of \$60 or the total transaction period equals three months, whichever occurs first. Requestors can anticipate payment of expenses within 45 days from submittal of the required documentation. In addition, please be advised that ONLY tolls accrued during peak hours (Monday through Friday, 6:30 AM – 9 AM and 3 PM – 6:30 PM) are eligible for reimbursement.

Covered time period of request: January 2023-March 2023

Total reimbursement amount requested: \$60

Please submit the completed Reimbursement Request Form and the Toll Activity Report or Monthly Toll Statement as outlined in the Reimbursement Submittal Checklist. Reimbursement Request should be emailed to TRgrants@nctcog.org.

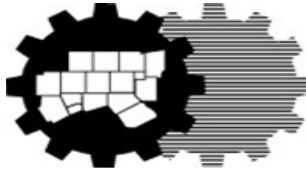
Reimbursement Submittal Checklist

Confirm that all steps below have been completed. Items noted as **[Required]** must be checked and included with the reimbursement request form, or the form will be deemed incomplete.

- Completed Reimbursement Request Form – **[Required]**
- Toll Activity Report and or Monthly Toll Statement with eligible transactions highlighted – **[Required]**
 - Is an “HOV2+-50%” message indicated in the Discount column of the Activity Report?
 - PDF of all attachments labeled according to the submittal checklist

The following documents are required only with the first reimbursement request.

- Completed W-9 to comply with IRS regulations (detailed in Publication 15 Circular E, Employers Tax Guide)
- Direct Deposit Authorization Form to receive reimbursements via direct deposit. The prenote process takes six full business days. If the form is not submitted, then reimbursement will be issued via check.



North Central Texas Council of Governments
 Attn: Accounts Payable
 PO Box 5888 Arlington, TX 76005-5888

<u>Office Use Only:</u>
Vendor ID: _____
Address Line: _____
Prenote: _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

The prenote process takes six full business days. Each payment received by you via ACH will be accompanied by a notification to the email address provided by you in Section 1.

Section 1 (TO BE COMPLETED BY PAYEE)

 Individual/Company Name

 Tax ID Number (SSN or Fed ID)

The North Central Texas Council of Governments is hereby authorized to credit the following account in lieu of any other payment method for amounts owed by us for goods delivered or services rendered. Furthermore, the North Central Texas Council of Governments is also authorized to debit the same account in an amount not to exceed the original credit for any erroneous deposits.

This authorization will remain in effect until written notification has been provided to the North Central Texas Council of Governments.

We accept two methods of validation for your account. Please check one.

Voided check (Attach over Section 2) Submit this form to your bank for completion
After completion of this form, please mail to the address listed above.

Authorized Signature: _____ Date: _____

Name: _____

Title: _____ Email address _____
(Please include Financial Dept Email)

Telephone Number: _____

Mailing Address: _____

Type of Account: Check one Checking Account Saving Account

Section 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

 Depository Name (Financial Institution)

 Transit/ABA Number

 Depository Address

 Account Number

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payments identified above in accordance with 31 CFR Parts 240, 208, and 210.

 Print or Type Representative Name

 Signature

 Date

Account History

View Transactions

Account ***** - SMITH, JOHN
Posted Date 02/01/2018 to 04/30/2018
Transaction Type TOLL



Transaction Date	Posted Date	Tag ID	License Plate	Lane	Direction	Location	Transaction Type/Description	Discount	Amount
02/01/2018 07:00:00	02/01/2018 07:03:01	DNT.01234567	TX12345	I820-I35W-3	E	I-820 East TExpress Entrance	Toll	HOV2+-50%	-\$0.98
02/15/2018 16:00:00	02/15/2018 16:04:01	DNT.01234567	TX12345	I820-SH121E-9	E	SH-121/183 East TExpress Mainline	Toll	HOV2+-50%	-\$0.98
02/26/2018 07:00:00	02/26/2018 07:03:01	DNT.01234567	TX12345	I820-I35W-3	E	I-820 East TExpress Entrance	Toll	HOV2+-50%	-\$0.98
03/01/2018 16:00:00	03/01/2018 16:04:01	DNT.01234567	TX12345	I820-SH121E-9	E	SH-121/183 East TExpress Mainline	Toll	HOV2+-50%	-\$0.98
03/08/2018 07:00:00	03/08/2018 07:03:01	DNT.01234567	TX12345	I820-I35W-3	E	I-820 East TExpress Entrance	Toll	HOV2+-50%	-\$0.98
03/22/2018 16:00:00	03/22/2018 16:04:01	DNT.01234567	TX12345	I820-SH121E-9	E	SH-121/183 East TExpress Mainline	Toll	HOV2+-50%	-\$0.98
04/02/2018 07:00:00	04/02/2018 07:03:01	DNT.01234567	TX12345	I820-I35W-3	E	I-820 East TExpress Entrance	Toll	HOV2+-50%	-\$0.98
04/18/2018 16:00:00	04/18/2018 16:04:01	DNT.01234567	TX12345	I820-SH121E-9	E	SH-121/183 East TExpress Mainline	Toll	HOV2+-50%	-\$0.98
04/29/2018 07:00:00	04/29/2018 07:03:01	DNT.01234567	TX12345	I820-I35W-3	E	I-820 East TExpress Entrance	Toll	HOV2+-50%	-\$0.98