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**UNITED STATES
AGENCY FOR INTERNATIONAL DEVELOPMENT**

TRANSIT BENEFIT/ THIRD PARTY PICK-UP

I _____ authorize _____
to pick up my metrocheks for the month of _____, in
the amount of \$ _____. The last four digits of my social security number
are _____.

I will be unable to pick-up my metrocheks due to the following reason (s).

SIGNATURES/APPROVALS

EMPLOYEE'S SIGNATURE: _____

DESIGNEE'S SIGNATURE: _____

AMS APPROVAL: _____

PROGRAM MANAGER: _____

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