

**TRANSIT OPERATORS
FINANCIAL TRANSACTIONS REPORT
COVER PAGE**

Entity Name: _____

Fiscal Year: **20**_____

ID Number: _____

Certification:

I hereby certify that, to the best of my knowledge and belief, the report forms fairly reflect the financial transactions of the agency in accordance with the requirements as prescribed by the California State Controller.

Fiscal Officer

Signature

Title

Name (Please Print)

Date

Per Public Utilities Code Section 99243(a), this report is due within 90 days after the end of the fiscal year. If filed in electronic format, the report is due within 110 days after the end of the fiscal year.

Those agencies providing a service to the general public and an exclusive service to the handicapped or elderly must file a separate report for each type of service.

Please complete, sign, and mail this cover page to either address below.

Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
P. O. Box 942850
Sacramento, CA 94250

Express Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
3301 C Street, Suite 740
Sacramento, CA 95816

Agency Name _____

Transit Operators Financial Transactions Report

General Information

Fiscal Year 20__

Members of the Governing Body

	First Name	Middle Initial	Last Name	Phone Number
Chairperson	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Agency Officials

	First Name	Middle Initial	Last Name	Phone Number
Transit Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiscal Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Auditor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared by

First Name	Middle Initial	Last Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of T.D.A Funds

- Article 4 Article 4.5 Article 8(c) Article 4 (99260.7) Member of JPA
 None Claimed

Type of service provided: please check one box only. Those agencies providing a service to the general public and an exclusive service to the elderly or handicapped must file a separate report for each type of service.

- General Public Use Elderly Handicapped

Mailing Address

Street 1	<input type="text"/>	<input type="checkbox"/>	Is Address Changed?
Street 2	<input type="text"/>		
City	<input type="text"/>	State	CA
		Zip	<input type="text"/>

Agency Name _____

Transit Operators Financial Transactions Report

Comments for the Transit Operators Report

Fiscal Year 20__

Comment

Agency Name _____

**Transit Operators Financial Transactions Report
Income Statement**

Operating Revenue

Fiscal Year 20__

Revenue	Actual	Budget
Passenger Fare for Transit Service	<input type="text"/>	<input type="text"/>
Special Transit Fares	<input type="text"/>	<input type="text"/>
School Bus Service Revenues	<input type="text"/>	<input type="text"/>
Freight Tariffs	<input type="text"/>	<input type="text"/>
Charter Service Revenues	<input type="text"/>	<input type="text"/>
Auxiliary Transportation Revenues	<input type="text"/>	<input type="text"/>
Non-Transportation Revenues (Include Interest Revenue)	<input type="text"/>	<input type="text"/>
Taxes Levied Directly by Transit System		
Property Tax Revenue (Special Districts Only)	<input type="text"/>	<input type="text"/>
Sales Tax Revenue (Special Districts Only)	<input type="text"/>	<input type="text"/>
General Operating Assistance	<input type="text"/>	<input type="text"/>
Local Transportation Fund (LTF : SB 325 TDA 1/4 Cent Sales Tax)	<input type="text"/>	<input type="text"/>
Local Sales Tax (Contributed From Another Agency)	<input type="text"/>	<input type="text"/>
Local Special Fare Assistance	<input type="text"/>	<input type="text"/>
State Cash Grants and Reimbursements		
Homeowner's Property Tax Relief (Special Districts Only)	<input type="text"/>	<input type="text"/>
State Article XIX Guideway Funds	<input type="text"/>	<input type="text"/>
T.P. and D. Guideway Funds	<input type="text"/>	<input type="text"/>
State Transit Assistance Funds (STA : SB 620)	<input type="text"/>	<input type="text"/>
Other State Cash Grants	<input type="text"/>	<input type="text"/>

Agency Name _____

**Transit Operators Financial Transactions Report
Income Statement**

Operating Revenue

Fiscal Year 20__

Federal Cash Grants and Reimbursements

FTA Section 5307 (Formerly FTA Section 9)	<input type="text"/>	<input type="text"/>
Special Demonstration Project Assistance	<input type="text"/>	<input type="text"/>
Other Financial Assistance	<input type="text"/>	<input type="text"/>
FTA Section 5311 (Formerly FTA Section 18)	<input type="text"/>	<input type="text"/>
FTA Section 5310 (Formerly FTA Section 16b2)	<input type="text"/>	<input type="text"/>
Contributed Services	<input type="text"/>	<input type="text"/>
Less : Contra Account for Expenses	<input type="text"/>	<input type="text"/>
Subsidy from Other Sectors of Operations	<input type="text"/>	<input type="text"/>
Total Revenues	<input type="text"/>	<input type="text"/>

Agency Name _____

Transit Operators Financial Transactions Report

Income Statement

Operating Expenses

Fiscal Year 20__

	Actual	Budget
Labor		
Operators Salaries and Wages	<input type="text"/>	<input type="text"/>
Other Salaries and Wages	<input type="text"/>	<input type="text"/>
Fringe Benefits	<input type="text"/>	<input type="text"/>
Services	<input type="text"/>	<input type="text"/>
Materials and Supplies		
Fuel and Lubricants	<input type="text"/>	<input type="text"/>
Tires and Tubes	<input type="text"/>	<input type="text"/>
Other Materials and Supplies	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Casualty and Liability Costs	<input type="text"/>	<input type="text"/>
Taxes	<input type="text"/>	<input type="text"/>
Purchased Transportation	<input type="text"/>	<input type="text"/>
Miscellaneous Expense	<input type="text"/>	<input type="text"/>
Expense Transfers	<input type="text"/>	<input type="text"/>
Interest Expense	<input type="text"/>	<input type="text"/>
Leases and Rentals	<input type="text"/>	<input type="text"/>
Depreciation		
Property Acquired with Operator Funds	<input type="text"/>	<input type="text"/>
Property Acquired with Grant Funds	<input type="text"/>	<input type="text"/>
Amortization of Intangibles	<input type="text"/>	<input type="text"/>
Total Expenses	<input type="text"/>	<input type="text"/>

Agency Name _____

**Transit Operators Financial Transactions Report
Income (Loss) and Summary**

Accumulated Earnings

Fiscal Year

	Actual	Budget
Accumulated Earnings Beginning of Period	<input type="text"/>	<input type="text"/>
Total Revenue	<input type="text"/>	<input type="text"/>
Total Expense	<input type="text"/>	<input type="text"/>
Net Transit Income or (Loss)	<input type="text"/>	<input type="text"/>
Other Reconciling Items-Gain or (Loss) on Disposal of Fixed Assets	<input type="text"/>	<input type="text"/>
Net Income or (Loss) from Non-Transit Activities (Special Districts Only)	<input type="text"/>	<input type="text"/>
Operator Net Income or (Loss)	<input type="text"/>	<input type="text"/>
Reversal of Depreciation and Amortization Property Acquired/Grant Funds	<input type="text"/>	<input type="text"/>
Other Adjustments (Please specify, maximum of 5 entries)	<input type="text"/>	<input type="text"/>

Specify	Actual	Estimate
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Accumulated Earnings End of Period	<input type="text"/>	<input type="text"/>
Appropriation Limit as of the End of the Fiscal Year	<input type="text"/>	
Total Annual Appropriations Subject to the Limit as of the End of the Fiscal Year	<input type="text"/>	
Amount (Over) Under the Appropriations Limit	<input type="text"/>	

Agency Name _____

**Transit Operators Financial Transactions Report
Capital Addition to Equity**

Revenues for Capital Expenditures

Fiscal Year 20__

	Actual	Budget
Federal Capital Grants, Subventions, and Provisions		
FTA Section 5309 (Formerly FTA Section 3 Grants)	<input type="text"/>	<input type="text"/>
FTA Section 5307 (Formerly FTA Section 9 Grants)	<input type="text"/>	<input type="text"/>
FTA Section 5311 (Formerly FTA Section 18 Grants)	<input type="text"/>	<input type="text"/>
FTA Section 5310 (Formerly FTA Section 16 (b) 2 Grants)	<input type="text"/>	<input type="text"/>
Federal Other	<input type="text"/>	<input type="text"/>
Total Federal Capital Grants	<input type="text"/>	<input type="text"/>
State Capital Grants, Subventions, and Provisions		
State Transit Assistance Fund - TDA (STA: SB 620)	<input type="text"/>	<input type="text"/>
T.P. and D. Guideway	<input type="text"/>	<input type="text"/>
State Article XIX Guideway Funds	<input type="text"/>	<input type="text"/>
General Fund Provisions	<input type="text"/>	<input type="text"/>
Other State Provisions	<input type="text"/>	<input type="text"/>
Total State Capital Grants	<input type="text"/>	<input type="text"/>
Local Capital Grants, Subventions, and Provisions		
Local Transportation Fund TDA (LTF: SB 325)	<input type="text"/>	<input type="text"/>
Property, Motor Vehicle Fuel, and Sales Tax (Include Sales Tax Contributed by Another Agency)	<input type="text"/>	<input type="text"/>
General Fund and Other Local Provisions	<input type="text"/>	<input type="text"/>
Local Article XIX Guideway Funds	<input type="text"/>	<input type="text"/>
Total Local Capital Grants	<input type="text"/>	<input type="text"/>
Non-Governmental Donations	<input type="text"/>	<input type="text"/>
Total Capital Additions to Equity	<input type="text"/>	<input type="text"/>

Agency Name _____

**Transit Operators Financial Transactions Report
Supplemental Operating Data**

Operating Data

Fiscal Year 20__

	Motor Bus	Rail Rapid Transit	Street Car	Trolley Bus	Ferry Boat
Total Passengers - Annual (406/12)					
Total Actual Vehicle Revenue Hours - Annual (406/6)					
Weekdays					
Saturdays					
Sundays					
Total					
Total Actual Revenue Vehicle Miles (406/4)					
Revenue Vehicle Inventory (408/Active)					
Vehicle in Operation - Weekly (406/1)					
Weekdays - Middays					
Weekdays - Peak					
Saturday					
Sunday					
Total Employees Public and Contract PUC 99247(j)					
Date Service Began Operations (MM/DD/YYYY)					

Agency Name _____

**Transit Operators Financial Transactions Report
Supplemental Operating Data**

Operating Data

Fiscal Year 20__

	Demand Response Vehicles	Other
Total Passengers - Annual (406/12)		
Total Actual Vehicle Revenue Hours - Annual (406/6)		
Weekdays		
Saturdays		
Sundays		
Total		
Total Actual Revenue Vehicle Miles (406/4)		
Revenue Vehicle Inventory (408/Active)		
Vehicle in Operation - Weekly (406/1)		
Weekdays - Middays		
Weekdays - Peak		
Saturday		
Sunday		
Total Employees Public and Contract PUC 99247(j)		
Date Service Began Operations (MM/DD/YYYY)		

Agency Name _____

**Transit Operators Financial Transactions Report
Schedule of Operating Cost Exclusions and Exemptions**

Operating Cost

Fiscal Year 20__

The Following Schedule Will Assist the State Controller in Determining the Data Necessary for Computing the Ratio of Fare Revenues To Operating Costs. DO NOT Enter Depreciation or Amortization Costs on this Schedule. These Costs are Deducted Automatically before any Ratios are Calculated.

Exclusions

Charter Service Expenses PUC 99247(a)
Vehicle Lease Expenses PUC 99247(a)
Commuter Rail Services Expenses PUC 99247(a)

Exemptions

Exempted Services Extension and Ridesharing Expenses
PUC 99268.8/99268.16
Paratransit Services (ADA of 1990) PUC 99268.10
Insurance Premiums and Liability Claims Costs PUC 99268.17

Total Exclusions and Exemptions

Excluded Revenues-Per Extension of Service

Fare Revenues California Code of Regulations 6633.8
Total Fares
Total Expenses
Total Exclusion/Exemptions
Fare Box Ratio

Agency Name _____

**Transit Operators Financial Transactions Report
Schedule of Contracts with the Prison Industry Authority**

Contracted Items

Fiscal Year 20__

	Actual	Estimate
Uniforms	<input type="text"/>	<input type="text"/>
Furniture	<input type="text"/>	<input type="text"/>
Bus Repair	<input type="text"/>	<input type="text"/>
Other (Specify, maximum of 5 entries)	<input type="text"/>	<input type="text"/>

Specify	Actual	Estimate
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total

Agency Name _____

**Transit Operators Financial Transactions Report
Statement of Long-Term Debt**

Transit Operator Long-Term Debt

Fiscal Year 20__

Forward from Prior Year	<input type="text"/>
Indicate Type of Debt	<input type="text"/>
Year of Authorization	<input type="text"/>
Purpose of Issue	<input type="text"/>
Principal Amount Authorized	<input type="text"/>
Principal Amount Issued	<input type="text"/>
Beginning Maturity Date	<input type="text"/>
Ending Maturity Date	<input type="text"/>
Principal Amount Unmatured-Beginning of Fiscal Year	<input type="text"/>
Adjustments made during Year	<input type="text"/>
Explain	<input type="text"/>
Principal Amount Issued during Fiscal Year	<input type="text"/>
Principal Amount Matured during Fiscal Year	<input type="text"/>
Principal Amount Defeased during Fiscal Year	<input type="text"/>
Principal Amount Unmatured-End of Fiscal Year	<input type="text"/>
Principal Amount Default	<input type="text"/>
Interest in Default	<input type="text"/>
Amount Held in Bond Reserve	<input type="text"/>

Agency Name _____

Transit Operators Financial Transactions Report

Balance Sheet

Assets

Fiscal Year 20__

Assets

Cash and Cash Items

Receivables

Materials and Supplies Inventory

Other Current Assets

Total Current Assets

Work In Progress

Tangible Transit Property

Operating Property

Accumulated Depreciation

Tangible Property other than

For Transit Operations

Accumulated Depreciation

Net Fixed Assets

Intangible Assets

Accumulated Amortization

Net Intangible Assets

Investments

Special Funds

Other Assets

Total Other Assets

Total

Agency Name _____

**Transit Operators Financial Transactions Report
Balance Sheet**

Liabilities and Capital

Fiscal Year 20__

Liabilities and Capital

Trade Payables	<input type="text"/>
Accrued Payroll Liabilities	<input type="text"/>
Accrued Tax Liabilities	<input type="text"/>
Short-Term Debt	<input type="text"/>
Other Current Liabilities	<input type="text"/>
Total Current Liabilities	<input type="text"/>
Advances Payable	<input type="text"/>
Total Long-Term Debt	<input type="text"/>
<i>410 a. Bond, 440 b. Federal, 440 c. State, d. Lease Purchase, e. Other LTD</i>	
Estimated Liabilities	<input type="text"/>
Deferred Credits	<input type="text"/>
Total Other Liabilities	<input type="text"/>
Public Entity Ownership	<input type="text"/>
Grants, Donations and Paid-In Capital	<input type="text"/>
Accumulated Earnings (Losses)	<input type="text"/>
Total Capital	<input type="text"/>
Total Capital and Liabilities	<input type="text"/>