

Received

JUL 12 2011

Mobility Management Invoice Capital Reimbursement Invoice

Office of Transit
Grantee: Community Action Agency of Columbiana County

Project: JARC-4015-071-091

Contract Amount: \$ 38,759.00

Federal Grant: OH-37-X071

Date Submitted: 3/1/2011

Invoice Sequence Number: 3-9152010

(Each project begins with Sequence Number 1)

Period Covered: From: 12/01/2010

To: 12/31/2010

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$48,449	\$38,759	\$9,690	N

Account Code	Expense Description	Monthly Expenses	Year To Date Expenses
501	Labor	\$3,131	\$11,739
502	Fringe Benefits	\$389	\$5,480
503	Purchased Services		
	Advertising Agency		
	Custodial Service		
	Other	-\$130	\$2,870
504	Office Supplies (for Mobility Manager only)	-\$769	\$1,086
505	Utilities		
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		
509	Miscellaneous:		
	Dues & Subscriptions		
	Travel & Meetings	\$17	\$394
	Marketing	\$1,556	\$1,556
	Other		
512	Lease of Office Space for Mobility Manager	\$597	\$3,117
	Total Mobility Management Expenses	\$4,791	\$26,242

	Current Month	Year To Date
(1) Total Eligible Expenses.....	\$4,791	\$26,242
(2) Eligible Ohio Coordination Reimbursement (80% of Line 1).....	\$3,833	\$20,994

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice.).....	\$21,598
(B) Funds Requested.....	\$3,833
(C) Remaining Contract Balance.....	\$17,765

I hereby certify that the above information is correct to the best of my knowledge. Copies of the documentation for project expenditures are being retained in the project files.


 Signature of Authorized Official _____ Date 3/1/2011

Please sign below only after all grant expenditures have been completed.

The above grant is complete. No contract amendment will be submitted and close-out procedures may be started.

Signature of Authorized Official _____ Date _____