

## Mobility Management Invoice Capital Reimbursement Invoice

Grantee: Community Action Committee of Pike County

Project: JARC-0066-043-092

Contract Amount: \$ 52,124

Federal Grant: OH-37-X043

Date Submitted: 2/14/2011 revised

Invoice Sequence Number: 13 (Each project begins with Sequence Number 1)

Period Covered: From: 12/1/10 To: 12/31/10

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$52,124	\$41,699	\$10,425	[REDACTED]


Account Code	Expense Description	Monthly Expenses	Year To Date Expenses
501	Labor	\$0	\$34,532
502	Fringe Benefits	-\$21	\$14,785
503	Purchased Services	\$0	\$0
	Advertising Agency	\$0	\$0
	Custodial Service	\$0	\$0
	Other	\$0	\$0
504	Office Supplies (for Mobility Manager only)	\$0	\$1,696
505	Utilities	\$0	\$0
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$0	\$0
509	Miscellaneous:	-\$32	\$4,307
	Dues & Subscriptions	\$0	\$0
	Travel & Meetings	\$0	\$26
	Marketing	\$0	\$300
	Other	-\$32	\$3,981
512	Lease of Office Space for Mobility Manager	\$0	\$0
Total Mobility Management Expenses		-\$53	\$55,320

	Current Month	Year To Date
(1) Total Eligible Expenses.....	-\$53	\$55,320
(2) Eligible Ohio Coordination Reimbursement (80% of Line 1).....	-\$42	\$44,256

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice.).....	\$7,826
(B) Funds Requested.....	-\$42
(C) Remaining Contract Balance.....	\$7,868

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

2-21-11  
 \_\_\_\_\_  
 Date

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