

NEW FREEDOM Operating Reimbursement Invoice

Grantee: **Allen County Regional Transit Authority**

Project: **New Freedom**

Contract Amount: **\$178,627.00**

Federal Grant: **NF-4002-031-092**

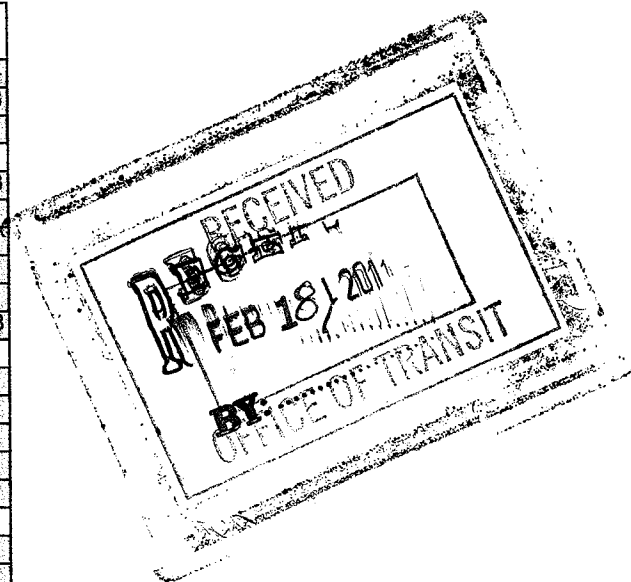
Date Submitted: **2/14/2011**

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

Period Covered: **From: 1-1-11 To 1-31-11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
30.09.00	Operating	\$0	\$0	\$0	N

Account Code	Expense Description	Monthly Expenses	Year To Date Expenses
501	Labor	\$2,624	\$2,624
502	Fringe Benefits	\$488	\$488
503	Purchased Services		
504	Vehicle & Office Supplies		
	Fuel & Lubricants	\$1,193	\$1,193
	Other Supplies		
505	Utilities		
506	Insurance - Vehicle Liability		
507	Taxes		
508	Purchase Transportation Service	\$798	\$798
509	Miscellaneous:		
	Dues & Subscriptions		
	Travel & Meetings		
	Marketing		
	Other		
511	Interest Expenses		
512	Leases & Rentals:		
	Passenger Revenue Vehicles		
	Maintenance Garages		
	Administration Facilities		
600	Other Costs		
	Total Operating Expenses	\$5,103	\$5,103



	Current Month	Year To Date
(1) Total Eligible Operating Expenses.....	\$5,103	\$5,103
(2) Fare Box and Related Revenues.....	\$36	\$36
(3) Net Project Cost (Line 1- Line2).....	\$5,067	\$5,067
(4) Eligible Federal Reimbursement (50% of Line 3).....	\$2,534	\$2,534

LOCAL SHARE CONFIRMATION (To be completed quarterly with invoices for March, June, September and December)

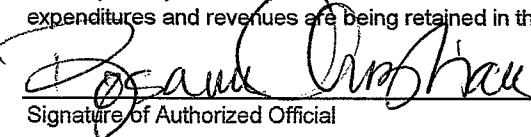
	Year to Date
(5) New Freedom Funds Received (including this invoice)....	\$2,534
(6) Local Match Required.....	\$2,534
(7) Local Match Provided (List below by source).....	\$2,534
a. Revenue from Contracts/MOUs.....	\$2,534
b. Non-DOT Federal Commitments.....	\$0
c. Local Cash.....	\$0
d. Other (Please specify below by source)...	\$0

NOTE: Line 6 must be greater than or equal to Line 5

Reconciliation Statement

(A) Operating Contract Beginning Balance (Line C from previous invoice.).....	\$140,919
(B) Operating Funds Requested.....	\$2,534
(C) Remaining Operating Contract Balance.....	\$138,385

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



Signature of Authorized Official

2/14/2017

Date

Please sign below only after all operating 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