

# Ohio Department of Transportation

## Mobility Management Reimbursement Invoice

**Grantee:** Community Action Commission of Fayette County  
**Project:** CRD-0024-005-011 **Contract Amount:** \$50,000  
**Federal Grant:** OH-16-X005 **Date Submitted:** 1/10/12  
**Invoice Sequence Number:** 11 (Each project begins with sequence number 1)  
**Reporting Period Covered by this Invoice:** From: 12/1/11 To: 12/31/11

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$62,500	\$50,000	\$12,500	N

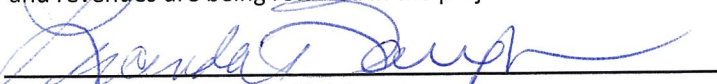
Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 4,491		\$ 18,787		\$ 23,278	
502	Fringe Benefits	\$ 1,051		\$ 5,899		\$ 6,950	
503	Purchased Services:	\$ -		\$ -		\$ -	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
504	Office Supplies (for Mobility Manager only)	\$ 69		\$ 635		\$ 704	
505	Utilities	\$ 202		\$ 234		\$ 436	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ 500		\$ 500	
509	Miscellaneous:	\$ 352		\$ 5,260		\$ 5,612	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ 1,671		\$ 1,671	
	Marketing	\$ -		\$ 2,603		\$ 2,603	
	Other	\$ 352		\$ 986		\$ 1,338	
512	Lease of Office Space for Mobility Manager	\$ 50		\$ 1,225		\$ 1,275	
<b>Total Mobility Management Expenses</b>		<b>\$ 6,215</b>		<b>\$ 32,540</b>		<b>\$ 38,755</b>	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 6,215	\$ 32,540	\$ 38,755
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 4,972	\$ 26,032	\$ 31,004

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 23,847
(B) Funds Requested.....	\$ 4,972
(C) Remaining Contract Balance.....	\$ 18,875

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

1/13/2012  
 \_\_\_\_\_  
 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