

**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: **4/13/11**  
 Invoice Sequence Number: **3** (Each project begins with sequence number 1)  
 Reporting Period Covered by this Invoice: From: **3/1/11** To: **3/31/11**

**Received  
APR 15 2011**

**Office of Transit**

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

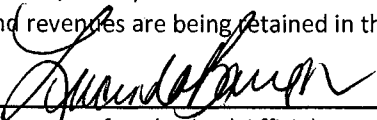
Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor		\$ 3,172		\$ 5,830		\$ 9,002
502	Fringe Benefits		\$ 984		\$ 1,837		\$ 2,821
503	Purchased Services:		\$ -		\$ -		\$ -
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
504	Office Supplies (for Mobility Manager only)		\$ 189		\$ 105		\$ 294
505	Utilities		\$ 78		\$ 156		\$ 234
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		\$ -		\$ 30		\$ 30
509	Miscellaneous:		\$ 526		\$ 102		\$ 628
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ 26		\$ 102		\$ 128	
	Marketing	\$ 500		\$ -		\$ 500	
	Other	\$ -		\$ -		\$ -	
512	Lease of Office Space for Mobility Manager		\$ 200		\$ 400		\$ 600
<b>Total Mobility Management Expenses</b>			<b>\$ 5,149</b>		<b>\$ 8,460</b>		<b>\$ 13,609</b>

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 5,149	\$ 8,460	\$ 13,609
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 4,119	\$ 6,768	\$ 10,887

**Reconciliation Statement**

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 43,232
(B) Funds Requested.....	\$ 4,119
(C) Remaining Contract Balance.....	\$ 39,113

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

**4/13/11**  
 \_\_\_\_\_  
 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