

Mobility Management Invoice Capital Reimbursement Invoice

Grantee: Community Action Committee of Pike County

Project: JARC-0066-043-102

Contract Amount: \$ ~~64,666~~ 51,733 DW

Federal Grant: OH-37-X043

Date Submitted: 2/15/2011

Invoice Sequence Number: 1 (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)
11.7L.00	Capital for Mobility Management Activities	\$64,666	\$51,733	\$12,933	█

Account Code	Expense Description	Monthly Expenses	Year To Date Expenses
501	Labor	\$2,110	\$2,110
502	Fringe Benefits	\$1,045	\$1,045
503	Purchased Services	\$0	\$0
	Advertising Agency	\$0	\$0
	Custodial Service	\$0	\$0
	Other	\$0	\$0
504	Office Supplies (for Mobility Manager only)	\$0	\$0
505	Utilities	\$0	\$0
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$0	\$0
509	Miscellaneous:	\$253	\$253
	Dues & Subscriptions	\$0	\$0
	Travel & Meetings	\$0	\$0
	Marketing	\$0	\$0
	Other	\$253	\$253
512	Lease of Office Space for Mobility Manager	\$0	\$0
Total Mobility Management Expenses		\$3,408	\$3,408

	<u>Current Month</u>	<u>Year To Date</u>
(1) Total Eligible Expenses.....	\$3,408	\$3,408
(2) Eligible Ohio Coordination Reimbursement (80% of Line 1).....	\$2,726	\$2,726

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice.).....	\$51,733
(B) Funds Requested.....	\$2,726
(C) Remaining Contract Balance.....	\$49,007

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.

Ray Roberts
Signature of Authorized Official

2/17/11
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

\$2,726
- 43 (2010 overpmt)

\$2,683 DW