

# Ohio Department of Transportation

## Mobility Management Reimbursement Invoice

Grantee: **Community Action Partnership of Greater Dayton**  
 Project: **CRD-0068-005-011** Contract Amount: **\$78,292**  
 Federal Grant: OH-16-X005 Date Submitted: **6/7/11**  
 Invoice Sequence Number: **5** (Each project begins with sequence number 1)  
 Reporting Period Covered by this Invoice: From: **5/1/11** To: **5/31/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
<b>11.7L.00</b>	<b>Capital for Mobility Management Activities</b>	<b>\$97,865</b>	<b>\$78,292</b>	<b>\$19,573</b>	<b>N</b>

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 2,906		\$ 10,112		\$ 13,018	
502	Fringe Benefits	\$ 977		\$ 3,782		\$ 4,759	
503	Purchased Services:	\$ -		\$ -		\$ -	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
504	Office Supplies (for Mobility Manager only)	\$ -		\$ -		\$ -	
505	Utilities	\$ -		\$ -		\$ -	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ 20		\$ -		\$ 20	
509	Miscellaneous:	\$ 227		\$ -		\$ 227	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ -		\$ -	
	Marketing	\$ -		\$ -		\$ -	
	Other	\$ 227		\$ -		\$ 227	
512	Lease of Office Space for Mobility Manager	\$ 151		\$ 983		\$ 1,134	
<b>Total Mobility Management Expenses</b>		<b>\$ 4,281</b>		<b>\$ 14,877</b>		<b>\$ 19,158</b>	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 4,281	\$ 14,877	\$ 19,158
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 3,424	\$ 11,901	\$ 15,325

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 66,390
(B) Funds Requested.....	\$ 3,424
(C) Remaining Contract Balance.....	\$ 62,966

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

6/7/2011  
 \_\_\_\_\_  
 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.