

Ohio Department of Transportation

Mobility Management Reimbursement Invoice

Grantee: **Community Action Agency of Columbiana County**
 Project: **JARC-0015-079-013** Contract Amount: **\$78,759**
 Federal Grant: **OH-37-X079** Date Submitted: **11/15/11**
 Invoice Sequence Number: **8** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **8/1/11** To: **8/31/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$98,449	\$78,759	\$19,690	Y

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 3,172		\$ 16,904		\$ 20,076	
502	Fringe Benefits	\$ 320		\$ 2,778		\$ 3,098	
503	Purchased Services:	\$ -		\$ 70		\$ 70	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ 70		\$ 70	
504	Office Supplies (for Mobility Manager only)	\$ -		\$ 87		\$ 87	
505	Utilities	\$ -		\$ -		\$ -	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ -		\$ -	
509	Miscellaneous:	\$ -		\$ 203		\$ 203	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ 203		\$ 203	
	Marketing	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
512	Lease of Office Space for Mobility Manager	\$ -		\$ 917		\$ 917	
Total Mobility Management Expenses		\$ 3,492		\$ 20,959		\$ 24,451	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 3,492	\$ 20,959	\$ 24,451
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 2,793	\$ 16,767	\$ 19,560

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 61,996
(B) Funds Requested.....	\$ 2,793
(C) Remaining Contract Balance.....	\$ 59,203

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

11-21-2011
 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.

 Signature of Authorized Official

Created with _____ Date _____