

**Ohio Department of Transportation
Mobility Management Reimbursement Invoice**

Grantee: **Coshocton County Commissioners**
 Project: **CRD-0016-005-011** Contract Amount: **\$53,006**
 Federal Grant: **OH-16-X005** Date Submitted: **4/13/11**
 Invoice Sequence Number: **1** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **1/1/11** To: **3/31/11**

Received
APR 14 2011

Office of Transit

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$66,258	\$53,006	\$13,252	N

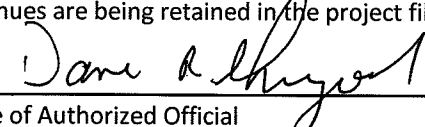
Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor		\$ 9,003		\$ -		\$ 9,003
502	Fringe Benefits		\$ 4,628		\$ -		\$ 4,628
503	Purchased Services:		\$ -		\$ -		\$ -
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
504	Office Supplies (for Mobility Manager only)		\$ 34		\$ -		\$ 34
505	Utilities		\$ 102		\$ -		\$ 102
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		\$ -		\$ -		\$ -
509	Miscellaneous:		\$ 669		\$ -		\$ 669
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ 2		\$ -		\$ 2	
	Marketing	\$ 667		\$ -		\$ 667	
	Other	\$ -		\$ -		\$ -	
512	Lease of Office Space for Mobility Manager		\$ -		\$ -		\$ -
Total Mobility Management Expenses			\$ 14,436		\$ -		\$ 14,436

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 14,436	\$ -	\$ 14,436
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 11,548	\$ -	\$ 11,548

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 53,006
(B) Funds Requested.....	\$ 11,548
(C) Remaining Contract Balance.....	\$ 41,458

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