

Ohio Department of Transportation Mobility Management Reimbursement Invoice

Grantee: **Delaware County Transit Board**
 Project: **NF-0021-031-091** Contract Amount: **\$168,155**
 Federal Grant: **OH-57-X031** Date Submitted: **10/15/11**
 Invoice Sequence Number: **3** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **7/1/11** To: **9/30/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$210,194	\$168,155	\$42,039	N

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor		\$ 21,152		\$ 79,921		\$ 101,073
502	Fringe Benefits		\$ 5,309		\$ 20,112		\$ 25,421
503	Purchased Services:		\$ 92		\$ 232		\$ 324
	Advertising Agency	\$ 92		\$ -		\$ 92	
	Custodial Service	\$ -		\$ -		\$ -	
	Other			\$ 232		\$ 232	
504	Office Supplies (for Mobility Manager only)		\$ -		\$ 167		\$ 167
505	Utilities		\$ -		\$ -		\$ -
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		\$ -		\$ -		\$ -
509	Miscellaneous:		\$ 1,508		\$ 343		\$ 1,851
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ 88		\$ 343		\$ 431	
	Marketing	\$ 1,190		\$ -		\$ 1,190	
	Other	\$ 230		\$ -		\$ 230	
512	Lease of Office Space for Mobility Manager		\$ 750		\$ 1,500		\$ 2,250
Total Mobility Management Expenses			\$ 28,811		\$ 102,275		\$ 131,086

	<u>Current Period</u>	<u>Total Previously Submitted</u>	<u>Total</u>
(1) Total Eligible Expenses.....	\$ 28,811	\$ 102,275	\$ 131,086
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 23,048	\$ 81,820	\$ 104,868

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 86,337
(B) Funds Requested.....	\$ 23,048
(C) Remaining Contract Balance.....	\$ 63,289

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


 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.