

Ohio Department of Transportation
Mobility Management Reimbursement Invoice

Grantee: **Madison County Commissioners**
 Project: **CRD-0049-005-011** Contract Amount: **\$65,000**
 Federal Grant: **OH-16-X005** Date Submitted: **10/24/11**
 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
 NOV - 4 2011

Office of Trans

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$81,250	\$65,000	\$16,250	N

Account Code	Expense Description	Expenses This Reporting Period	Total Expenses Previously Submitted	Total Expenses
501	Labor	\$ 11,471	\$ -	\$ 11,471
502	Fringe Benefits	\$ 3,924	\$ -	\$ 3,924
503	Purchased Services:	\$ 143	\$ -	\$ 143
	Advertising Agency	\$ -	\$ -	\$ -
	Custodial Service	\$ 41	\$ -	\$ 41
	Other	\$ 102	\$ -	\$ 102
504	Office Supplies (for Mobility Manager only)	\$ 245	\$ -	\$ 245
505	Utilities	\$ 596	\$ -	\$ 596
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -	\$ -	\$ -
509	Miscellaneous:	\$ -	\$ -	\$ -
	Dues & Subscriptions	\$ -	\$ -	\$ -
	Travel & Meetings	\$ -	\$ -	\$ -
	Marketing	\$ -	\$ -	\$ -
	Other	\$ -	\$ -	\$ -
512	Lease of Office Space for Mobility Manager	\$ -	\$ -	\$ -
Total Mobility Management Expenses		\$ 16,379	\$ -	\$ 16,379

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 16,379	\$ -	\$ 16,379
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 13,103	\$ -	\$ 13,103

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 65,000
(B) Funds Requested.....	\$ 13,103
(C) Remaining Contract Balance.....	\$ 51,897

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.

* Mark A. Forest
 Signature of Authorized Official

10/24/11
 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 _____