

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: (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **4/1/11** To: **6/30/11**

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		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor		\$ 11,413		\$ 11,471		\$ 22,884
502	Fringe Benefits		\$ 3,915		\$ 3,924		\$ 7,839
503	Purchased Services:		\$ 143		\$ 143		\$ 286
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ 41		\$ 41		\$ 82	
	Other	\$ 102		\$ 102		\$ 204	
504	Office Supplies (for Mobility Manager only)		\$ 29		\$ 245		\$ 274
505	Utilities		\$ 484		\$ 596		\$ 1,080
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			\$ 15,984		\$ 16,379		\$ 32,363

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 15,984	\$ 16,379	\$ 32,363
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 12,787	\$ 13,103	\$ 25,890

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 51,897
(B) Funds Requested.....	\$ 12,787
(C) Remaining Contract Balance.....	\$ 39,110

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 L. 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 _____