

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

Received

NOV - 4 2011

Grantee: **Madison County Commissioners** **Office of Transit**  
 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: **7/1/11** To: **9/30/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.71.00	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	\$ 13,424		\$ 22,884		\$ 36,308	
502	Fringe Benefits	\$ 4,375		\$ 7,839		\$ 12,214	
503	Purchased Services:	\$ 143		\$ 286		\$ 429	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ 41		\$ 82		\$ 123	
	Other	\$ 102		\$ 204		\$ 306	
504	Office Supplies (for Mobility Manager only)	\$ 240		\$ 274		\$ 514	
505	Utilities	\$ 224		\$ 1,080		\$ 1,304	
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	\$ -		\$ -		\$ -	
<b>Total Mobility Management Expenses</b>		<b>\$ 18,406</b>		<b>\$ 32,363</b>		<b>\$ 50,769</b>	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 18,406	\$ 32,363	\$ 50,769
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 14,724	\$ 25,890	\$ 40,614

**Reconciliation Statement**

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 39,110
(B) Funds Requested.....	\$ 14,724
(C) Remaining Contract Balance.....	\$ 24,386

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