

**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: **1/23/12**

Invoice Sequence Number: **XXXXXX** (Each project begins with sequence number 1)

Reporting Period Covered by this Invoice:

From: **10/1/11**

To: **12/31/11**

Received

JAN 26 2012

Office of Transit

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

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 7,283		\$ 36,308		\$ 43,591	
502	Fringe Benefits	\$ 2,183		\$ 12,214		\$ 14,397	
503	Purchased Services:	\$ 140		\$ 429		\$ 569	
	Advertising Agency	\$		\$		\$	
	Custodial Service	\$ 39		\$ 123		\$ 162	
	Other	\$ 101		\$ 306		\$ 407	
504	Office Supplies (for Mobility Manager only)	\$ 106		\$ 514		\$ 620	
505	Utilities	\$ 611		\$ 1,304		\$ 1,915	
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	\$ 10,323		\$ 50,769		\$ 61,092	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 10,323	\$ 50,769	\$ 61,092
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 8,258	\$ 40,615	\$ 48,873

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 24,386
(B) Funds Requested.....	\$ 8,258
(C) Remaining Contract Balance.....	\$ 16,128

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.


Signature of Authorized Official _____

1-23-12
Date