

# Ohio Department of Transportation Mobility Management Reimbursement Invoice

Grantee: **Mercer County Commissioners**  
 Project: **CRD-0054-005-011** Contract Amount: **\$53,154**  
 Federal Grant: **OH-16-X005** Date Submitted: **4/21/11**  
 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**  
**APR 27 2011**

**Office of Transit  
Complete**

FTA Code	Description	Total	Federal	Local	(Y/N)
<b>11.7L.00</b>	<b>Capital for Mobility Management Activities</b>	<b>\$66,443</b>	<b>\$53,154</b>	<b>\$13,289</b>	<b>N</b>

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 10,221		\$ -		\$ 10,221	
502	Fringe Benefits	\$ 1,555		\$ -		\$ 1,555	
503	Purchased Services:	\$ 355		\$ -		\$ 355	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ 7		\$ -		\$ 7	
	Other	\$ 348		\$ -		\$ 348	
504	Office Supplies (for Mobility Manager only)	\$ 580		\$ -		\$ 580	
505	Utilities	\$ 71		\$ -		\$ 71	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ 1,918		\$ -		\$ 1,918	
509	Miscellaneous:	\$ 81		\$ -		\$ 81	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ -		\$ -	
	Marketing	\$ -		\$ -		\$ -	
	Other	\$ 81		\$ -		\$ 81	
512	Lease of Office Space for Mobility Manager	\$ 521		\$ -		\$ 521	
<b>Total Mobility Management Expenses</b>		<b>\$ 15,302</b>		<b>\$ -</b>		<b>\$ 15,302</b>	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 15,302	\$ -	\$ 15,302
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 12,241	\$ -	\$ 12,241

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 53,154
(B) Funds Requested.....	\$ 12,241
(C) Remaining Contract Balance.....	\$ 40,913

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

4/21/2011  
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