

# Ohio Department of Transportation

## Mobility Management Expenses Reimbursement Invoice for FTA Grant Program Subrecipients

Subrecipient (Grantee): **Mercer County Commissioners**

Project Number: **CRD-0054-005-011**

Contract Amount: **\$53,154**

CFDA Number: 20.513

Date Submitted: \_\_\_\_\_

Received  
DEC 19 2011

Invoice Sequence Number: **3** (Each project begins with sequence number 1)

Reporting Period Covered by this Invoice: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Office of Transit

Complete  
(Y/N)

FTA Code	Description	Total	Federal	Local	Complete (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>	N

Account Code	Expense Description	Expenses This Reporting Period	Total Expenses Previously Submitted	Total Expenses
501	Labor	\$ -	\$ 20,947	\$ 20,947
502	Fringe Benefits	\$ -	\$ 3,814	\$ 3,814
503	Purchased Services:	\$ (1,053)	\$ 1,118	\$ 65
	Advertising Agency	\$ -	\$ 27	\$ 27
	Custodial Service	\$ -	\$ 38	\$ 38
	Other	\$ (1,053)	\$ 1,053	\$ -
504	Office Supplies (for Mobility Manager only)	\$ -	\$ 1,257	\$ 1,257
505	Utilities	\$ -	\$ 157	\$ 157
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -	\$ 2,563	\$ 2,563
509	Miscellaneous:	\$ 1,053	\$ 160	\$ 1,213
	Dues & Subscriptions	\$ -	\$ 79	\$ 79
	Travel & Meetings	\$ -	\$ -	\$ -
	Marketing	\$ -	\$ -	\$ -
	Other	\$ 1,053	\$ 81	\$ 1,134
512	Lease of Office Space for Mobility Manager	\$ -	\$ 1,274	\$ 1,274
518	Indirect per Cost Allocation Plan	\$ -	\$ -	\$ -
<b>Total Mobility Management Expenses</b>		<b>\$ -</b>	<b>\$ 31,290</b>	<b>\$ 31,290</b>

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ -	\$ 31,290	\$ 31,290
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ -	\$ 25,032	\$ 25,032

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 28,123
(B) Funds Requested.....	\$ -
(C) Remaining Contract Balance.....	\$ 28,123

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

12-15-11  
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