

Ohio Department of Transportation Mobility Management Reimbursement Invoice

Grantee: PSA 3 Agency on Aging
Project: NF-0002-031-091 **Contract Amount:** \$150,657
Federal Grant: OH-57-X031 **Date Submitted:** 3/6/12
Invoice Sequence Number: 24 (Each project begins with sequence number 1)
Reporting Period Covered by this Invoice: From: 12/1/11 To: 12/31/11

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$188,322	\$150,657	\$37,665	Y

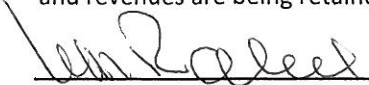
Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 6,766		\$ 94,902		\$ 101,668	
502	Fringe Benefits	\$ 901		\$ 15,938		\$ 16,839	
503	Purchased Services:	\$ -		\$ -		\$ -	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
504	Office Supplies (for Mobility Manager only)	\$ (12)		\$ 323		\$ 311	
505	Utilities	\$ 112		\$ 2,055		\$ 2,167	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ -		\$ -	
509	Miscellaneous:	\$ 1,459		\$ 10,746		\$ 12,205	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ 25		\$ 5,408		\$ 5,433	
	Marketing	\$ 1,434		\$ 4,835		\$ 6,269	
	Other	\$ -		\$ 503		\$ 503	
512	Lease of Office Space for Mobility Manager	\$ 41		\$ 2,277		\$ 2,318	
Total Mobility Management Expenses		\$ 9,267		\$ 126,241		\$ 135,508	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 9,267	\$ 126,241	\$ 135,508
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 7,413	\$ 100,992	\$ 108,405

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 49,669
(B) Funds Requested.....	\$ 7,413
(C) Remaining Contract Balance.....	\$ 42,256

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

3/6/12

 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

3/6/12

 Date