

# Ohio Department of Transportation Mobility Management Reimbursement Invoice

Grantee: **Richland County Regional Planning Commission**  
 Project: **CRD-0070-005-011** Contract Amount: **\$46,000**  
 Federal Grant: **OH-16-X005** Date Submitted: **4/7/11**  
 Invoice Sequence Number: **4** (Each project begins with sequence number 1)  
 Reporting Period Covered by this Invoice: From: **3/1/11** To: **3/31/11**

| FTA Code        | Description                                       | Total           | Federal         | Local           | Complete<br>(Y/N) |
|-----------------|---|-----------------|-----------------|-----------------|-------------------|
| <b>11.7L.00</b> | <b>Capital for Mobility Management Activities</b> | <b>\$57,500</b> | <b>\$46,000</b> | <b>\$11,500</b> | <b>N</b>          |

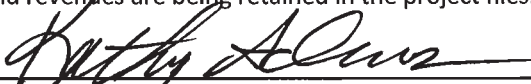
| Account Code                              | Expense Description  | Expenses              |  | Total Expenses Previously Submitted |  | Total Expenses   |  |
|---|--|-----------------------|--|-------------------------------------|--|------------------|--|
|   |  | This Reporting Period |  |                                     |  |                  |  |
| 501                                       | Labor  | \$ 2,348              |  | \$ 2,786                            |  | \$ 5,134         |  |
| 502                                       | Fringe Benefits  | \$ 1,125              |  | \$ 1,632                            |  | \$ 2,757         |  |
| 503                                       | Purchased Services:  | \$ -                  |  | \$ -                                |  | \$ -             |  |
|   | Advertising Agency   | \$ -                  |  | \$ -                                |  | \$ -             |  |
|   | Custodial Service  | \$ -                  |  | \$ -                                |  | \$ -             |  |
|   | Other  | \$ -                  |  | \$ -                                |  | \$ -             |  |
| 504                                       | Office Supplies (for Mobility Manager only)  | \$ -                  |  | \$ -                                |  | \$ -             |  |
| 505                                       | Utilities  | \$ -                  |  | \$ -                                |  | \$ -             |  |
| 506                                       | Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members | \$ -                  |  | \$ -                                |  | \$ -             |  |
| 509                                       | Miscellaneous:   | \$ 2,123              |  | \$ 4,574                            |  | \$ 6,697         |  |
|   | Dues & Subscriptions   | \$ -                  |  | \$ -                                |  | \$ -             |  |
|   | Travel & Meetings  | \$ -                  |  | \$ -                                |  | \$ -             |  |
|   | Marketing  | \$ -                  |  | \$ -                                |  | \$ -             |  |
|   | Other  | \$ 2,123              |  | \$ 4,574                            |  | \$ 6,697         |  |
| 512                                       | Lease of Office Space for Mobility Manager   | \$ -                  |  | \$ -                                |  | \$ -             |  |
| <b>Total Mobility Management Expenses</b> |  | <b>\$ 5,596</b>       |  | <b>\$ 8,992</b>                     |  | <b>\$ 14,588</b> |  |

|   | Current Period | Total Previously Submitted | Total     |
|---|----------------|----------------------------|-----------|
| (1) Total Eligible Expenses.....                        | \$ 5,596       | \$ 8,992                   | \$ 14,588 |
| (2) Eligible Federal Reimbursement (80% of Line 1)..... | \$ 4,476       | \$ 7,193                   | \$ 11,669 |

### Reconciliation Statement

|  |           |
|--|-----------|
| (A) Contract Beginning Balance (Line C from previous invoice)..... | \$ 38,808 |
| (B) Funds Requested.....   | \$ 4,476  |
| (C) Remaining Contract Balance.....                                | \$ 34,332 |

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

4/7/11  
 \_\_\_\_\_  
 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