

Ohio Department of Transportation

Capital Expenses Reimbursement Invoice for FTA Job Access and Reverse Commute (JARC)/New Freedom Program Subrecipients

Subrecipient (Grantee): **Ross County Board of Commissioners**

Project Number: **NF-0071-038-111** Contract Amount: **\$40,230**

Project ID: **OH-57-X038** Date Submitted: _____

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

FTA Code	Description	Quantity	Total	Federal	Local
11.13.15	LTV	1	\$50,288	\$40,230	\$10,058

FTA Code	Description	Quantity	Total Cost Incurred	Reimbursement Requested
11.13.15	LTV	1	\$ 50,288	\$ 40,230
			\$ -	\$ -
			\$ -	\$ -
Total Capital Funds Requested.....				\$ 40,230

Reconciliation Statement

(A) Capital Contract Beginning Balance (Line C from previous invoice).....	\$ 40,230
(B) Capital Funds Requested.....	\$ 40,230
(C) Remaining Capital Contract Balance.....	\$ -

I hereby certify that the above information is correct to the best of my knowledge. Original documentation of the attached vendor invoices are being retained in the project files. (Note: Processing of this invoice will be delayed if copies of vendor invoices for the items purchased are not attached.)



 Signature of Authorized Official



 Date

Please sign below only after all items listed in grant have been purchased.

All items in this grant, listed above, have been purchased. No contract amendment will be submitted and close-out procedures may be started.

 Signature of Authorized Official

 Date