

# Ohio Department of Transportation

## Mobility Management Reimbursement Invoice

Grantee: **Tri-County Community Action Commission for Champaign, Logan, and Shelby Counties**

Project: **JARC-0046-071-102** Contract Amount: **\$8,933**

Federal Grant: **OH-37-X071** Date Submitted: **4/1/11**

Invoice Sequence Number: **3** (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 (Y/N)
<b>11.7L.00</b>	<b>Capital for Mobility Management Activities</b>	<b>\$11,166</b>	<b>\$8,933</b>	<b>\$2,233</b>	<b>N</b>

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 1,085		\$ 975		\$ 2,060	
502	Fringe Benefits	\$ 275		\$ 245		\$ 520	
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:	\$ -		\$ -		\$ -	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ -		\$ -	
	Marketing	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
512	Lease of Office Space for Mobility Manager	\$ -		\$ -		\$ -	
<b>Total Mobility Management Expenses</b>		<b>\$ 1,360</b>		<b>\$ 1,220</b>		<b>\$ 2,580</b>	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 1,360	\$ 1,220	\$ 2,580
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 1,088	\$ 976	\$ 2,064

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 7,958
(B) Funds Requested.....	\$ 1,088
(C) Remaining Contract Balance.....	\$ 6,870

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.

*Denise Best*  
Signature of Authorized Official

4/1/11  
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