

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: **11/4/11**
 Invoice Sequence Number: **10** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **10/1/11** To: **10/30/11**

| FTA Code | Description | Total | Federal | Local | Complete (Y/N) |
|-----------------|---|-----------------|----------------|----------------|-------------------|
| 11.7L.00 | Capital for Mobility Management Activities | \$11,166 | \$8,933 | \$2,233 | N |

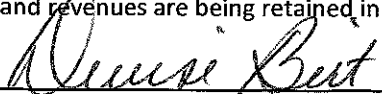
| Account Code | Expense Description | Expenses This Reporting Period | Total Expenses Previously Submitted | Total Expenses |
|---|--|-----------------------------------|--|------------------|
| 501 | Labor | \$ - | \$ 8,496 | \$ 8,496 |
| 502 | Fringe Benefits | \$ - | \$ 2,439 | \$ 2,439 |
| 503 | 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 | \$ - | \$ - | \$ - |
| Total Mobility Management Expenses | | \$ - | \$ 10,935 | \$ 10,935 |

| | Current Period | Total Previously Submitted | Total |
|---|----------------|----------------------------|-----------|
| (1) Total Eligible Expenses..... | \$ - | \$ 10,935 | \$ 10,935 |
| (2) Eligible Federal Reimbursement (80% of Line 1)..... | \$ - | \$ 8,748 | \$ 8,748 |

Reconciliation Statement

| | |
|--|--------|
| (A) Contract Beginning Balance (Line C from previous invoice)..... | \$ 188 |
| (B) Funds Requested..... | \$ - |
| (C) Remaining Contract Balance..... | \$ 188 |

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

11/8/11
 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