

**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: **10/1/11**
 Invoice Sequence Number: **9** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **9/1/11** To: **9/30/11**

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

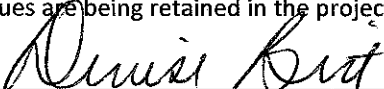
Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period		Submitted			
501	Labor	\$ 1,184		\$ 7,312		\$ 8,496	
502	Fringe Benefits	\$ 222		\$ 2,217		\$ 2,439	
503	Purchased Services:	\$ -		\$ -		\$ -	
	Advertising Agency	\$ -		\$ -		\$ -	
	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		\$ 1,406		\$ 9,529		\$ 10,935	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 1,406	\$ 9,529	\$ 10,935
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 1,124	\$ 7,623	\$ 8,747

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 1,312
(B) Funds Requested.....	\$ 1,124
(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

10/14/11

 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