

# Ohio Department of Transportation

## Mobility Management Expenses Reimbursement Invoice for FTA Grant Program Subrecipients

Subrecipient (Grantee): **Trumbull County Commissioners**

Project Number: **CRD-0078-003-091**

Contract Amount: **\$96,000**

CFDA Number: **20.513**

Date Submitted: **11/8/11**

Invoice Sequence Number: **11** (Each project begins with sequence number 1)

Reporting Period Covered by this Invoice:

From: **10/1/11**

To: **10/31/11**

Complete  
(Y/N)

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
<b>11.7L.00</b>	<b>Capital for Mobility Management Activities</b>	<b>\$120,000</b>	<b>\$96,000</b>	<b>\$24,000</b>	<b>N</b>

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses
		This Reporting Period				
501	Labor	\$ 2,692		\$ 49,806		\$ 52,498
502	Fringe Benefits	\$ 1,316		\$ 33,718		\$ 35,034
503	Purchased Services:	\$ -		\$ -		\$ -
	Advertising Agency	\$ -		\$ -		\$ -
	Custodial Service	\$ -		\$ -		\$ -
	Other	\$ -		\$ -		\$ -
504	Office Supplies (for Mobility Manager only)	\$ -		\$ 592		\$ 592
505	Utilities	\$ 1		\$ 4		\$ 5
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board	\$ -		\$ -		\$ -
509	Miscellaneous:	\$ -		\$ 1,177		\$ 1,177
	Dues & Subscriptions	\$ -		\$ -		\$ -
	Travel & Meetings	\$ -		\$ 695		\$ 695
	Marketing	\$ -		\$ 445		\$ 445
	Other	\$ -		\$ 37		\$ 37
512	Lease of Office Space for Mobility Manager	\$ -		\$ -		\$ -
518	Indirect per Cost Allocation Plan	\$ -		\$ -		\$ -
<b>Total Mobility Management Expenses</b>		<b>\$ 4,009</b>		<b>\$ 85,297</b>		<b>\$ 89,306</b>

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 4,009	\$ 85,297	\$ 89,306
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 3,207	\$ 68,237	\$ 71,444

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 27,764
(B) Funds Requested.....	\$ 3,207
(C) Remaining Contract Balance.....	\$ 24,557

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

11/8/2011

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

Office of Transit, Ohio Department of Transportation, 1980 West Broad Street, Columbus, Ohio 43223

T (614) 466-8955 • F (614) 466-0822 • www.dot.state.oh.us/Divisions/TransSysDev/Transit

Revised 6/13/11