

**Ohio Department of Transportation
Mobility Management Reimbursement Invoice**

Grantee: **Tuscarawas County Senior Center**
 Project: **CRD-0079-005-011** Contract Amount: **\$43,736** **Received**
 Federal Grant: **OH-16-X005** Date Submitted: **3/15/11** **MAR - 8 2011**
 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** **Office of Transit**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$54,670	\$43,736	\$10,934	N

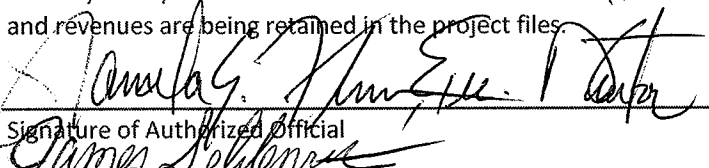
Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$	2,139	\$	4,247	\$	6,386
502	Fringe Benefits	\$	224	\$	984	\$	1,208
503	Purchased Services:	\$	32	\$	64	\$	96
	Advertising Agency	\$	-	\$	-	\$	-
	Custodial Service	\$	32	\$	64	\$	96
	Other	\$	-	\$	-	\$	-
504	Office Supplies (for Mobility Manager only)	\$	-	\$	-	\$	-
505	Utilities	\$	50	\$	100	\$	150
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$	896	\$	-	\$	896
509	Miscellaneous:	\$	87	\$	368	\$	455
	Dues & Subscriptions	\$	-	\$	-	\$	-
	Travel & Meetings	\$	22	\$	219	\$	241
	Marketing	\$	-	\$	-	\$	-
	Other	\$	65	\$	149	\$	214
512	Lease of Office Space for Mobility Manager	\$	250	\$	500	\$	750
	Total Mobility Management Expenses	\$	3,678	\$	6,263	\$	9,941

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 3,678	\$ 6,263	\$ 9,941
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 2,942	\$ 5,010	\$ 7,952

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 38,726
(B) Funds Requested.....	\$ 2,942
(C) Remaining Contract Balance.....	\$ 35,784

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


Date
 4/4/11
 4/6/11

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 _____