

Ohio Department of Transportation Mobility Management Reimbursement Invoice

Grantee: **Tuscarawas County Senior Center**
 Project: **CRD-0079-005-011** Contract Amount: **\$43,736**
 Federal Grant: **OH-16-X005** Date Submitted: **10/15/11**
 Invoice Sequence Number: **10** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **10/1/11** To: **10/31/11**

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		\$ 2,159		\$ 21,360		\$ 23,499
502	Fringe Benefits		\$ 228		\$ 3,101		\$ 3,329
503	Purchased Services:		\$ 92		\$ 1,424		\$ 1,456
	Advertising Agency			\$ 1,136		\$ 1,136	
	Custodial Service	\$ 92		\$ 288		\$ 320	
	Other						
504	Office Supplies (for Mobility Manager only)		\$ 50		\$ 236		\$ 286
505	Utilities		\$ 50		\$ 450		\$ 500
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members				\$ 896		\$ 896
509	Miscellaneous:		\$ 209		\$ 1,618		\$ 1,827
	Dues & Subscriptions	\$				\$	
	Travel & Meetings	\$ 146		\$ 768		\$ 914	
	Marketing	\$ 63		\$ 256		\$ 319	
	Other			\$ 594		\$ 594	
512	Lease of Office Space for Mobility Manager				\$ 2,250		\$ 2,250
	Total Mobility Management Expenses		\$ 2,708		\$ 31,335		\$ 34,043

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 2,708	\$ 31,335	\$ 34,043
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 2,166	\$ 25,068	\$ 27,234

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 21,883
(B) Funds Requested.....	\$ 2,166
(C) Remaining Contract Balance.....	\$ 19,717

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

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