

REQUEST FOR REIMBURSEMENT

for MOBILITY MANAGEMENT EXPENSES

AGNECY NAME		TAX ID (FEIN)	
MAILING ADDRESS		TELEPHONE	
CITY, STATE, ZIP		PO NUMBER	
WEBSITE			

REIMBURSEMENT REQUESTED GRANT PROGRAM:	
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PROJECT or GRANT PERIOD	START DATE (MM/DD/YYYY)		END DATE (MM/DD/YYYY)	
REPORTING FREQUENCY:		MONTHLY	REPORTING END DATE (MM/DD/YYYY)	

GRANT STATUS REPORT	
GRANT ITEM	MOBILITY MANAGEMENT (Share Ratio: 80/20)
Original Contract Amount	
Previous Contract Amount	
Total Eligible Expenses	
FTA Share of Total Eligible Expenses (80%)	
Local Share of Total Eligible Expenses (20%)	
New Contract Balance	

DETAILED EXPENSE REPORT		
Expense Line Items	In-Cash	FTA Eligible
Salaries and Wages		
Employee Benefits		
Other Employee Payments		
Purchased Personal Services		
Marketing		
Communications		
Rentals		
Supplies and Materials		
Other Expenses		
In-State Travel		
Out-of-State Travel		
TOTALS		

ITEMIZED RECEIPTS OR INVOICES

Provide an itemized list of receipts or invoices being submitted for reimbursement. Submit scanned copies of each via email or hard copies via postal mail. If the number of receipts being submitted exceeds the number of lines below, submit additional pages via email or postal mail.

LINE	RECEIPT AMOUNT	RECEIPT DESCRIPTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PROGRESS REPORT

yes	I've submitted a Progress Report for this Request for Reimbursement to my Grant Manager.	When you submit this Request for Reimbursement, email a Progress Report to your Grant Manager. Include items specific to your Contract and Scope of Work and describe what Scope of Work components this Reimbursement Request is covering.
no		

PROGRESS REPORT

PROGRESS REPORT		DATE REQUEST SUBMITTED
yes	I certify, that to the best of my knowledge and belief, the data in this Request for Reimbursement are correct and that all the outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously received.	
no		