

**Enhanced Mobility for Seniors and Persons with Disabilities (SECTION 5310)  
 Monthly Expenditure Report and Reimbursement Request  
 OPERATING AGREEMENT FY  
 Contract Year Term**

Grantee: \_\_\_\_\_  
 Report Number: \_\_\_\_\_ Agreement From: \_\_\_\_\_  
 Report Date: \_\_\_\_\_ Expenses From: \_\_\_\_\_

**REIMBURSEMENT PAYABLE TO:**  
 (Enter Name, Title and Address)

**I hereby certify that this invoice is correct and that the described services have been furnished or rendered and that no bonus has been given or received on account of said invoice:**

Signature of Authorized Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name & Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

OPERATING BUDGET LINE ITEMS	PROJECT BUDGET	REIMBURSEMENT REQUEST	REIMBURSEMENT REQUESTED TO DATE
Salaries/Fringe Benefits (Operations)	\$0.00	\$0.00	\$0.00
Maintenance & Repairs	\$0.00	\$0.00	\$0.00
Third Party Contracts	\$0.00	\$0.00	\$0.00
Materials Consumed (Oil, fuel, etc.)	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00
Miscellaneous	\$0.00	\$0.00	\$0.00
<b>Total Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
(-) Local Share 50% - depending on request	\$0.00	\$0.00	\$0.00
<b>Total Reimbursement Request</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**EXPENSE DOCUMENTATION AND SERVICE REPORT(S) MUST BE ATTACHED.**

NJ TRANSIT USE ONLY			
Reimbursement Source	Amount	Project #	PO #
<b>Total Reimbursment Approved:</b>			
Signature indicates that Reimbursement form and all procurement documents were reviewed and are in compliance with Federal Regulations.			
Approved for Payment by:		Date:	