### SECTION 1   SUBRECIPIENT INFORMATION

- Fed EIN: [Blank]
- SCEIS ID#: [Blank]
- Subrecipient Name: [Blank]
- Contract #: [Blank]
- Reimb Rqt #: [Blank]
- FTA Section: [Blank]
- Subrecipient Address: [Blank]
- Contract Amount: [Blank]
- Expense Period: [Blank]
- State: [Blank]
- Total OPT Reimb: [Blank]
- City, State, Zip: [Blank]
- OPT Verified: [Blank]
- Initials: [Blank]
- Date: [Blank]
- Federal Amount: [Blank]
- State Amount: [Blank]
- Telephone Number: [Blank]
- Yes: [Blank]  No: [X]

### SECTION 2   CONTRACT DATA

- (a) (b) (c) (d) (e)
- 1 Total Expenditures - This Report
- 2 Contra - Expenses - This Report
- 3 Net Cost - This Report (Line 1 minus Line 2)
- 4 Net Cost - Prior Report
- 5 Net Cost - To Date (Line 3 and Line 4)
- 6 FTA Share - This Report
- 7 FTA Share - Prior Report
- 8 FTA Share - To Date (Line 6 and Line 7)
- 9 State Share - This Report (if applicable)
- 10 State Share - Prior Report (if applicable)
- 11 State Share - To Date (Line 9 and Line 10)
- 12 Local/Agency Share - This Report
- 13 Local/Agency Share Prior Report
- 14 Local/Agency Share - To Date (Line 12 and Line 13)
- 15 Total Match - This Report (Line 9 and Line 12)
- 16 Total Funds Authorized: FTA
- 17 Total Funds Authorized: State
- 18 Total Funds Authorized: Local/Agency
- 19 Unexpended Balance: FTA (Line 16 minus Line 8)
- 20 Unexpended Balance: State (Line 17 minus Line 11)
- 21 Unexpended Balance: Local/Agency (18 minus 14)

### SECTION 3   REIMB. REQUEST DATA

- Federal Amount: [Blank]
- State Amount: [Blank]
- Final Report: [Blank]
- OPT Verified: [Blank]
- Initials: [Blank]
- Date: [Blank]

### SECTION 4   TYPE OF PROGRAMS

- FTA Section: [Blank]
- State: [Blank]
- Total OPT Reimb: [Blank]
- Final Report: [Blank]
- OPT Verified: [Blank]
- Initials: [Blank]
- Date: [Blank]

### SECTION 5   FINANCIAL STATUS INFORMATION

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<th>Line#</th>
<th>CATEGORIES</th>
<th>ADMINISTRATION</th>
<th>OPERATIONS</th>
<th>CAPITAL</th>
<th>TECHNICAL ASSISTANCE</th>
<th>TOTAL</th>
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<td>Total Expenditures - This Report</td>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
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<td>21</td>
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</table>

### SECTION 6

- Total FTA Program Income Earned: [Blank]
- Remarks:

**Instructions**

- a. Line 19 = System generated – Unexpended Balance of FTA Share must equal Line 16 minus Line 8
- b. Line 20 = System generated – Unexpended Balance of State Share must equal Line 17 minus Line 11
- c. Line 21 = System generated – Unexpended Balance of Local/Agency Share must equal Line 18 minus Line 14

I certify that the information contained in this report is true and correct to the best of my knowledge and belief; that all expenses are for the purpose set forth in the contract agreement; that supporting documentation will be submitted and retained for audit purposes and that payment is due and has not been previously requested.

Prepared by: [Blank]  Title: [Blank]  Date: [Blank]

Approved by: [Blank]  Title: [Blank]  Date: [Blank]

2nd Approver (optional): [Blank]  Title: [Blank]  Date: [Blank]