Office of Public Transit
MONTHLY FINANCIAL SUMMARY REPORT

AGENCY:
CONTRACT #:
INVOICE #:
INVOICE PERIOD:

Line#	Codes	Line Item(s)	A Yearly Budgeted Amount	B Total Monthly Expenses	C Total Year-to-Date Expenditures	D OPT Reimb Request
		Administrative Charges				
1	501.02	Other Salaries & Wages	$0	$0	$0	$0
2	502.02	Fringe Benefits	$0	$0	$0	$0
3	503.01	Management Service Fees	$0	$0	$0	$0
4	503.02	Advertising Fees	$0	$0	$0	$0
5	503.03	Professional & Technical Service	$0	$0	$0	$0
6	503.05	Contract Maintenance Service	$0	$0	$0	$0
7	503.06	Custodial Services	$0	$0	$0	$0
8	503.99	Other Services	$0	$0	$0	$0
9	504	Materials and Supplies	$0	$0	$0	$0
10	505	Utilities	$0	$0	$0	$0
11	506	Casualty & Liability	$0	$0	$0	$0
12	509.01	Dues & Subscriptions	$0	$0	$0	$0
13	509.02(a)	In-State Travel & Meetings	$0	$0	$0	$0
14	509.02(b)	Out-of-State Travel & Meetings	$0	$0	$0	$0
15	509.03	Bridge,Tunnel and Highway Tolls	$0	$0	$0	$0
16	509.08	Advertising & Promotion Media	$0	$0	$0	$0
17	509.99	Other Miscellaneous (list)	$0	$0	$0	$0
18	A.		$0	$0	$0	$0
19	B.		$0	$0	$0	$0
20	C.		$0	$0	$0	$0
21	D.		$0	$0	$0	$0
22	512	Lease and Rentals (Specify)	$0	$0	$0	$0
23	A.	Office & Maintenance	$0	$0	$0	$0
24	B.	Publication Expenses	$0	$0	$0	$0
25	C.	Other	$0	$0	$0	$0
26	A.		$0	$0	$0	$0
27	B.		$0	$0	$0	$0
28	C.		$0	$0	$0	$0
29	D.		$0	$0	$0	$0
		TOTAL ADMINISTRATIVE CHARGES:	$0	$0	$0	$0

Send supporting documentation for all Capital and Miscellaneous Expenses

The total amount of OPT Reimb Request for Administrative Charges in Column (B) above must equal Line 3, Column (a) on Form 600. If an error exist, OPT will not manually correct these documents or process the reimbursement request.

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MONTHLY FINANCIAL SUMMARY REPORT

		Operation Charges	A Yearly Budgeted Amount	B Monthly Expenses	C Year-to-Date Expenditures	D OPT Reimb Request
Line#	CODES	Line Item(s)				
1	501.01	Operating & Wages	$0	$0	$0	$0
2	501.01	Operations Overtime	$0	$0	$0	$0
3	502.01	Operations Fringe Benefit	$0	$0	$0	$0
4	503.01	Management Service Fee	$0	$0	$0	$0
5	503.02	Advertising Fees	$0	$0	$0	$0
6	503.03	Professional & Technical Serv.	$0	$0	$0	$0
7	503.05	Contract Maintenance Services	$0	$0	$0	$0
8	503.06	Custodial Service	$0	$0	$0	$0
9	503.99	Other Services	$0	$0	$0	$0
10	504.01	Fuel & Lubricants	$0	$0	$0	$0
11	504.02	Tires & Tubes	$0	$0	$0	$0
12	504.99	Other Materials & Supplies	$0	$0	$0	$0
13	505	Utilities	$0	$0	$0	$0
14	506	Casualty and Liability	$0	$0	$0	$0
15	507.04	Vehicle Leasing & Fees	$0	$0	$0	$0
16	509	Miscellaneous	$0	$0	$0	$0
17	A.	Drug Testing	$0	$0	$0	$0
18	B.	Other Misc.	$0	$0	$0	$0
19	C		$0	$0	$0	$0
20	D.		$0	$0	$0	$0
21	E.		$0	$0	$0	$0
22	F.		$0	$0	$0	$0
TOTAL OPERATION CHARGES:			**$0**	**$0**	**$0**	**$0**
	(Equals Line 1, Column (b) on Form 600)					
LESS CONTRA EXPENSES:						$
	(Equals Line 2, Column (b) on Form 600)					
TOTAL OPERATION NET COST:						
	(Equals Line 3, Column (b) on Form 600)					

Send supporting documentation for all Capital and Miscellaneous Expenses

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TOTAL OPERATION CHARGES:			**$0**	**$0**	**$0**	**$0**

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Line#	CODES	Line Item(s)	A Yearly Budgeted Amount	B Total Monthly Expenses	C Total Year-to-Date Expenditures	D Mthly OPT Reimb Rqt
		Capital Charges				
1	11.12.01	Bus Standard 40ft. (Replacement)	$0	$0	$0	$0
2	11.12.02	Bus Standard 35ft. (Replacement)	$0	$0	$0	$0
3	11.12.03	Bus 30ft. (Replacement)	$0	$0	$0	$0
4	11.12.04	Bus < 30ft. (Replacement)	$0	$0	$0	$0
5	11.12.06	Bus Articulated (Replacement)	$0	$0	$0	$0
6	11.12.07	Bus Commuter/Suburban (Replacement)	$0	$0	$0	$0
7	11.12.08	Bus Intercity (Replacement)	$0	$0	$0	$0
8	11.12.09	Bus Trolley Standard (Replacement)	$0	$0	$0	$0
9	11.12.12	Bus Used (As Replacement)	$0	$0	$0	$0
10	11.12.15	Van (Replacement)	$0	$0	$0	$0
11	11.12.16	Sedan/Station Wagons (Replacement)	$0	$0	$0	$0
12	11.12.38	Leased Replacement Vehicle	$0	$0	$0	$0
13	11.12.39	Transferred Vehicle (Aas Replacement)	$0	$0	$0	$0
14	11.12.40	Spare Parts/Assoc. Capital Maint.Items	$0	$0	$0	$0
15	11.13.01	Bus Standard 40ft. (Expansion)	$0	$0	$0	$0
16	11.13.02	Bus Standard 35ft. (Expansion)	$0	$0	$0	$0
17	11.13.03	Bus 30ft. (Expansion)	$0	$0	$0	$0
18	11.13.04	Bus < 30ft. (Expansion)	$0	$0	$0	$0
19	11.13.06	Bus Articulated (Expansion)	$0	$0	$0	$0
20	11.13.07	Bus Commuter/Suburban (Expansion)	$0	$0	$0	$0
21	11.13.08	Bus Intercity (Expansion)	$0	$0	$0	$0
22	11.13.09	Bus Trolley Standard (Expansion)	$0	$0	$0	$0
23	11.13.12	Bus Used (As Expansion)	$0	$0	$0	$0
24	11.13.16	Sedan/Station Wagons (Expansion Used in Public Transit)	$0	$0	$0	$0
25	11.13.38	Leased Expansion Vehicle	$0	$0	$0	$0
26	11.13.39	Transferred Vehicle (As Expansion)	$0	$0	$0	$0
27	11.14.xx	Rehabilitation / Rebuild of Vehicle	$0	$0	$0	$0
28	11.XX.01	Administration Building	$0	$0	$0	$0
29	11.XX.02	Maintenance Facility	$0	$0	$0	$0
30	11.XX.03	Admin/Maint. Facility	$0	$0	$0	$0
31	11.XX.04	Storage Facility	$0	$0	$0	$0
32	11.42.06	Shop Equipment	$0	$0	$0	$0
33	11.42.07	ADP Hardware	$0	$0	$0	$0
34	11.42.08	ADP Software	$0	$0	$0	$0
35	11.7A.00	Preventive Maintenance	$0	$0	$0	$0
36	11.7L.00	Mobility Management	$0	$0	$0	$0
37	11.62.02	Communication System	$0	$0	$0	$0
38	11.62.03	Radios	$0	$0	$0	$0
		TOTAL CAPITAL CHARGES:	$0	$0	$0	$0

Send supporting documentation for all Capital and Miscellaneous Expenses
The total amount of OPT Reimb Requests for Capital Charges in Column (B) above must equal Line 3, Column (c) on Form 600.   If an error exist, OPT will not manually correct these documents or process the reimbursement request.

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Line#	CODES	Line Item(s)	A Yearly Budgeted Amount	B Total Monthly Expenses for ADA Caps	C Total Year-to-Date Expenditures	D Mthly OPT Reimb Rqt
ADA Capital Charges 85%						
1			$0	$0	$0	$0
2			$0	$0	$0	$0
3			$0	$0	$0	$0
4			$0	$0	$0	$0
5			$0	$0	$0	$0
6			$0	$0	$0	$0
7			$0	$0	$0	$0
8			$0	$0	$0	$0
9			$0	$0	$0	$0
10			$0	$0	$0	$0
11			$0	$0	$0	$0
12			$0	$0	$0	$0
13			$0	$0	$0	$0
14			$0	$0	$0	$0
15			$0	$0	$0	$0
16			$0	$0	$0	$0
17			$0	$0	$0	$0
18			$0	$0	$0	$0
19			$0	$0	$0	$0
20			$0	$0	$0	$0
21			$0	$0	$0	$0
TOTAL CAPITAL CHARGES:			**$0**	**$0**	**$0**	**$0**

Send supporting documentation for all Capital and Miscellaneous Expenses

The total amount of OPT Reimb Requests for Capital Charges in Column (B) above must equal Line 3, Column (c-A) on Form 600. If an error exist, OPT will not manually correct these documents or process the reimbursement request.

Line#	CODES	Line Item(s)	A Yearly Budgeted Amount	B Monthly Expenses	C Year-to-Date Expenditures	D Mthly OPT Reimb Rqt
Technical Assistance Charges						
1	41.20.01	Personnel	$0	$0	$0	$0
2	41.20.02	Fringe Benefits	$0	$0	$0	$0
3	41.20.03	Travel	$0	$0	$0	$0
4	41.20.04	Equipment	$0	$0	$0	$0
5	41.20.05	Supplies	$0	$0	$0	$0
6	41.20.06	Contractual	$0	$0	$0	$0
7	41.20.07	Other	$0	$0	$0	$0
8	A.		$0	$0	$0	$0
9	B.		$0	$0	$0	$0
10	C.		$0	$0	$0	$0
11	41.20.08	Indirect Charges	$0	$0	$0	$0
TOTAL TECHNICAL ASSISTANCE CHARGES:			**$0**	**$0**	**$0**	**$0**

Send supporting documentation for all Capital and Miscellaneous Expenses

The total amount of OPT Reimb Request for Technical Assistance Charges in Column (B) above must equal Line 3, Column (d) on Form 600. If an error exist, OPT will not manually correct these documents or process the reimbursement request.

Approval Information:

Prepared by:	Date:	
Approver:	Date:	
2nd Approver (optional):	Date:	