



Subrecipient Invoice

Note: Revised 1/6/2020

Supersedes all previous versions

Remit to: Plymouth Metrolink

Address: 3400 Plymouth Blvd, Plymouth MN 55447

Federal Grant No.: _____

Met Council Contract No.: SG-2020-013

Grant period: _____

Is this the FINAL invoice? Yes Yes No _____

Invoice # _____

Dates covered by invoice: Jan 21, 2020-May,2020

Attach itemized detail and copies of receipts for all non-recurring expenditures

Income Sources	Approved Income budget	Income recognized this period	Income recognized year to date	Unrecognized income
INCOME				
CARES Act		\$ 1,188,885.00		\$ -
				\$ -
				\$ -
Total Income	\$ -	\$ 1,188,885.00	\$ -	\$ -
Approved Budget Expense Category*	Approved Budget Amount	Expenses incurred this period	Year to Date Actual	Balance Remaining
EXPENSE				
Operating expenses including fuel, maintenance, and transit operations. Excluding staff salaries/benefits and fares.		\$ 1,287,879.00		\$ -
etc.				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Total Expenditures	\$ -	\$ 1,287,879.00	\$ -	\$ -
Amount of Reimbursement (Federal)		\$ 1,188,885.00		

Amount of Reimbursement : \$ 1,188,885.00 (total expense)

Certification: I certify the expenditures reflected in this invoice are true and correct and have been made for the purpose of and in accordance with applicable terms and conditions of the award. I have examined the expenditures reflected on this bill and determined that each reflects a reasonable price based on market prices offered by the vendors to the general public. Appropriate documentation to support these authorized expenditures is on file and available for review. These expenditures are not reimbursable from other sources and have not been previously claimed.

I further certify the sufficient use of local funds as match for the total expenditures requested. Appropriate documentation to support the use of local funds as match is available for review as required under the terms and conditions of this grant award. (Financial Report to be provided Quarterly)

Authorized Signature:  Date: 7/7/2020

* Copies of invoices for all non-recurring expenses should be included as attachments to this invoice. Invoices are submitted in triplicate. Please sign all three.