This document is made available electronically by the Minnesota Legislative Reference Library as part of an ongoing digital archiving project. https://www.lrl.mn.gov

METROPOLITAN	

## **Subrecipient Invoice**

Note: Revised 1/6/2020

METROPOLITAN	Supercedes all previous versions						
Remit to:	: Plymouth Metrolink						
Address:	ess: 3400 Plymouth Blvd, Plymouth MN 55447						
Addi 000.	0400 F lylllodar Biva, F lylll	oddi Wilv OO-F7					
	-						
Federal Grant No.:	ral Grant No.: Met Council Contract No.: SG-203						
Grant period:				Is this the FINAL invoice? Yes Yes No			
_		Dates covered by invoice: Jan 21, 2020-May,2020					
Invoice #				_		)-May,2020	
	Attach itemized detai	il and copies of receipt	s for	all non-recurri	ng expenditures		
		Approved Income	Inco	me recognized	Income recognized	Unrecognized	
Incom	e Sources	budget		this period	year to date	income	
INCOME							
CARES Act			\$	1,188,885.00		\$ -	
						\$ -	
						\$ -	
Total Income		-	\$	1,188,885.00	\$ -	-	
		Approved Budget		enses incurred			
	t Expense Category*	Amount		this period	Year to Date Actual	Balance Remaining	
EXPENSE	alvella a final manieta a ance		1				
	cluding fuel, maintenance, tions. Excluding staff		\$	1,287,879.00			
	nefits and fares.		Ψ	1,201,010.00		\$ -	
etc.						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						-	
						\$ -	
						\$ -	
						\$ -	
						\$ - \$ -	
						\$ -	
Total Expendi	itures	\$ -	\$	1,287,879.00	\$ -	\$ -	

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

Amount of Reimbursement (Federal)

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

1,188,885.00

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

<sup>\*</sup> Copies প্রাম্পতাতে প্রাম্পতাত প্রাম্পতাত করে। Invoices are submitted in triplicate. Please sign all three.