QUARTERLY REQUEST FOR ADMINISTRATIVE REIMBURSEMENT
SECTION 5311 RURAL TRANSIT ASSISTANCE PROGRAM

North Dakota Department of Transportation, Local Government
SFN 19529 (Rev. 03-2009)

RURAL
ADMINISTRATIVE COSTS
Reimbursed at 80%

Name of Transit Project		Calendar Quarter or Other	
Mailing Address	City	State	Zip Code
Contact Person		Phone Number	

BELOW, LIST ALL COSTS/EXPENDITURES FOR YOUR PROGRAM

1. SALARIES & BENEFITS COSTS	**$ Total Cost**	**% Pertaining to Rural Transit**	**$ Amount**
Project Director			
Secretary			
Bookkeeper			
Fringe Benefits / Taxes for Admin Staff			
Other (define each)			
TOTAL SALARIES & BENEFITS			

2. GENERAL COSTS	**$ Total Cost**	**% Pertaining to Rural Transit**	**$ Amount**
General Liability Insurance			
Vehicle Insurance			
Other Insurance			
Office Rent			
Building Leases			
Building Maintenance			
Utilities			
Phone			
Office Supplies			
Computer / Copier Maintenance			
Marketing / Advertising			
Costs to Administer Drug & Alcohol Testing			
Driver(s) Physicals			
Other (define each)			
TOTAL GENERAL COSTS			

3. **SUMMARY TOTAL** (total blocks 1 & 2)	**$ Total Cost**	**$ Amount**

4. **SECTION 5311 Reimbursement @ 80 %**	**$**

TOTAL SECTION 5311 ADMIN FUNDS GRANTED THIS YEAR	$
ADMIN FUNDS REMAINING AFTER THIS CLAIM	$

5. LOCAL REVENUE (for reporting purposes only)
List ALL sources of revenue and the entire amount. Do **Not** Just List Your Match Amount!

Contract Revenue	$	State Aid	$
Mill Levy	$	Fundraising	$
Other (specify)	$	Medicaid Rides	$
Other Federal Programs	$	**TOTAL LOCAL REVENUE**	**$**

6. DATA REPORT	Sponsored Rides	Unsponsored Rides	Total
A. Ridership (one-way trips)	Elderly & Disabled	General Public	Total
B. Vehicle Miles/Vehicle Hours		Total Miles	*Total Vehicle Hours

C. Safety (attach incident form for each occurrence listed below)

Fatalities
Major Incidents
Major Injuries

D. List any expenditures made with Disadvantaged Business Enterprises (DBE)

DBE Company & Address	Item or Service Purchased	$ Amount	Date of Purchase

Form Completed by (signature)	Title	Date

Please note, all transportation costs / expenditures shown above must be documented in your records and are subject to periodic audit. Records pertaining to vehicles must be maintained for the period of federal interest plus 3 years.

Send this form to: LOCAL GOVERNMENT DIVISION/TRANSIT SECTION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700

* See new requirements for vehicle hours - time of pull out to go into revenue service, to the time pulling in from revenue service.