GDOT Georgia Department of Transportation

FY_____
TRANSIT TRUST FUND PROGRAM
STATEMENT OF PROJECT EXPENDITURES

DATE: _____

COUNTY: _____

TRANSIT AGENCY NAME: _____

SUBMITTED BY: _____
Recipient's Authorized Official - Name and Title

1. TTFP ALLOCATION: $ _____
   TTFP Funding Received from GDOT

2. TOTAL TTFP EXPENDITURES TO DATE: $ _____
   Total TTFP Funds Spent on Project(s)

3. TOTAL PROJECT EXPENDITURES TO DATE: $ _____
   Total TTFP Expenditures PLUS additional Local Expenditures

Attach financial documents to verify expenditures, including but not limited to invoices, purchase orders, receipts, contracts, general ledger, checks.

4. BALANCE OF TTFP FUNDS: $ _____
   TTFP Allocation minus TTFP Expenditures (#1 minus #2)

FINAL REPORT (Yes or No): _____ *REQUEST PROJECT CLOSEOUT (Yes or No):* _____

By signing below, I hereby certify that the above expenditures are for the work completed on the attached TTFP Transit Project(s) for the FY____

Authorized Official Signature and Date: _____

For GDOT use only

PI Number: _____ Remaining Funds: _____

Effective Date of Agreement: _____

End Date of Agreement: _____

If Final Report, Project Closeout Approved? _____ Closeout Approval Date: _____

Attach additional information as necessary related to project review.

Reviewed and Approved By: _____ Date:_____
Transit Project Manager Name and Signature