# SAFE ROUTES TO SCHOOL SUBCONSULTANT INVOICE

Payment terms: Net 10 days following MDOT reimbursement to MFF.

| Organization Name | Billing Period Start | Billing Period End | Invoice / Ref # | 2025-0006 SRTS - JN 220282(NI) |
|---|---|---|---|---|
| ABC Name | **5/1/26** | **5/31/26** | **INV0123** | |

| A | Employees For each staff person, list name and title, then hourly rate, hours worked, and fringe rate for reporting period. | Hourly Rate | Hours | Salary This Period | Fringe Rate(%) | Fringe This Period | Total |
|---|---|---|---|---|---|---|---|
| 1 | Jane Miller, 5/1/26-5/15/26 | $28.00 | 10.0 | $280.00 | 20.0% | $56.00 | **$336.00** |
| 2 | Dan Johnson, 5/1/26-5/31/26 | $35.00 | 25.0 | $875.00 | 22.0% | $192.50 | **$1,067.50** |
| 3 | | | | | | | |
| | | | | | | *Employees* | **$1,403.50** |

| | | |
|---|---|---|
| | *PERSONNEL TOTAL - EMPLOYEES AND CONTRACTED* | **$1,403.50** |

| B | Supplies and Materials List program expense category (e.g., 1A-Printing), brief description, (e.g., Staples Orders 5/15/26) and amount. Attach copies of receipts or proof of payment. If any expenses are allocated, show calculation of amount charged. | Total |
|---|---|---|
| 1 | 1A - Printing - Print Shop 100 copies 5/15/26 | **$25.00** |
| 2 | 1B - Bikes & Helmets - Walmart 10 Bikes 5/20/26 | **$2,502.62** |
| 3 | 1C - Bike Racks - Tim's Cycling Shop 3 bike racks 5/26/26 | **$1,572.45** |
| 4 | 1D - Biking & Pedestrian Gear - Amazon reflective vests 5/28/26 | **$134.34** |
| 5 | | |
| | *SUPPLIES AND MATERIALS* | **$4,234.41** |

| C | *Travel List travel expenses by staff person. In an accompanying travel log include staff name, site locations, mileage, and mileage rate. Also include itemized receipts or proof of payment for any other travel-related expenses.* | Mileage $ Amount | Other $ Amount | Total |
|---|---|---|---|---|
| 1 | Dan Johnson | $36.25 | $8.00 | **$44.25** |
| 2 | Jane Miller | $14.50 | | **$14.50** |
| 3 | | | | |
| | | | *TRAVEL* | **$58.75** |

| D | *Miscellaneous / Administrative List amount and purpose. Attach copies of receipts or proof of payment. If any expenses are allocated, show calculation of amount charged.* | Receipt Date | Total |
|---|---|---|---|
| 1 | Accounting Costs ($50.00/FTE ; 20% FTE in May) | 5/31/26 | **$10.00** |
| 2 | Space Costs ($125.00/FTE; 20% FTE in May) | 5/31/26 | **$25.00** |
| 3 | | | |
| | *MISCELLANEOUS / ADMINISTRATIVE* | | **$35.00** |

| | | |
|---|---|---|
| | *NON-PERSONNEL TOTAL - PROGRAM EXPENSES, TRAVEL, MISC./ADMIN.* | **$4,328.16** |

| | | |
|---|---|---|
| | SUBTOTAL | **$5,731.66** |

| E | *Indirect Costs* | | | |
|---|---|---|---|---|
| | *1. Indirect Cost Rate* | Percentage | | |
| | *2. Indirect Cost Amount (if not applied to MTDC) Describe basis (e.g. % of salary and fringe) and enter $ amount in column J.* | 20% of Salary and Fringe | | **$280.70** |

| | | |
|---|---|---|
| | **INVOICE AMOUNT** | **$6,012.36** |

| F | thorized Signature and Date | John Smith<br>John Smith (Jun 8, 2026 10:52:00 EDT) | 06/08/2026 |
|---|---|---|---|
| | Printed name of signer | John Smith, 6/8/26 | |
| | *By my signature, I certify that all payments disbursed by our office are for the purposes outlined in my agency's 2025-0006 Subconsultant SRTS agreement.* | | |

**For MFF Use Only**

QC: SRTS Coordinator Review: Prg. Ops. Review: Approval: