

MARYLAND DEPARTMENT OF TRANSPORTATION
MARYLAND TRANSIT ADMINISTRATION
OPERATING ASSISTANCE REQUEST FOR PAYMENT

GRANTEE: _____
FEDERAL I.D. NUMBER: _____
PROJECT NUMBER(S): _____
ADDRESS: _____

PCA: _____ **AOBJ:** _____

	<u>Current Period</u>	<u>Cumulative This FY</u>
I. <u>OPERATING REVENUE AND EXPENSE SUMMARY</u>		
A. <u>Eligible Operating Expenses</u>		
Actual from: _____ to _____	\$ -	\$ -
Total Expenses	\$ -	\$ -
B. <u>Operating & Other Revenue Not Includable as Local Share</u>		
Actual from: _____ to _____	\$ -	\$ -
Total Revenue	\$ -	\$ -
C. <u>Total Net Project Cost (Section I, Line A - Line B)</u>	\$ -	\$ -
II. <u>FINANCING OF NET PROJECT COST</u>		
A. <u>Total Federal Share</u>		
0.0000% x Net Project Cost	\$ -	\$ -
B. <u>Total State Share</u>		
0.0000% x Net Project Cost	\$ -	\$ -
C. <u>Total Local Share</u>		
0.0000% x Net Project Cost	\$ -	\$ -
D. <u>Local Overmatch</u>	\$ -	\$ -
<u>Itemize Local Share by Source</u>		
_____	\$ -	
_____	\$ -	
_____	\$ -	
III. <u>REQUESTED PAYMENT</u>		
Total Federal, State & Local Shares	\$ -	
(Section II, Line A + Line B + Line C + Line D)		
Total Payment Now Requested	\$ -	

Submitted by: _____
Signature: _____
Title: _____
Date: _____