

**North Carolina Department of Transportation
Public Transportation Division
Section 5310 (Elderly & Disabled) Reporting Form**

Reporting Period: _____ to _____

Please complete the following information and submit/attach with your claim for reimbursement.

<u>ENTER AGENCY NAME HERE</u>	
Agency Address	
Point of Contact Information	Name: _____ Phone: _____
Names of Counties Served <i>List all counties served even if partial county is served</i>	
Actual or estimated number of one-way trips	Purchase of service: _____ <i>(All trips not using a 5310 funded vehicle)</i> Using 5310 funded vehicle(s): _____
Number of individuals eligible to be served <i>Report the number of clients that are eligible to receive transportation services in the counties you serve</i>	