

WBS Element:

**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.

ENTER AGENCY NAME HERE

Agency Address

**Point of Contact
Information**

Name: _____

Phone: _____

**Names of Counties
Served**

*List all counties
served even if partial
county is served*

**Actual or estimated
number of
one-way trips**

Purchase of service: _____
(All trips not using a 5310 funded vehicle)

Using 5310 funded vehicle(s): _____

**Number of
individuals eligible
to be served**
*Report the number of
clients that are
eligible to receive
transportation
services in the
counties you serve*