## WEST VIRGINIA AERONAUTICS COMMISSION OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT

PAYMENT REQUEST NO. \_\_\_\_\_

WVAC GRANT NO Note: All amounts must be round down whole dollars						
AIRPORT NAME	FEDERAL EMPLOYMENT IDENTIFICATION NO.					
GRANTEE NAME/REMITTANCE ADDRESS	BRIEF PROJECT DESCRIPTION:					
FAA GRANT NUMBER:	TOTAL PROJECT COST:					
FEDERAL FUNDING	NON-FEDERAL FUNDING					
FAA GRANT	WVAC GRANT			OTHER SOU	RCES	
	FUEL TAX	GENERAL	REVENUE	1		
				1		
	Share=%	Share=	%	Share=	%	
COMPUTATION OF AMOUNT REQUESTED	COVERING PERIOD	FROM:		to		
A. Total Program Outlays to date as of				\$		
B. Federal Share of Amount on Line A				\$		
C. Non-Federal Share of Amount on Line A (Line A – Line B)			\$			
D. State Share of Amount on Line C			\$			
E. State Payment Previously Requested				\$		
F. State Payment Now Requested			\$			
REMARKS:						
I certify that to the best of my knowledge and belief the data reported above is correct and that all outlays were made in accordance with grant conditions and that payment is due and has not been previously requested.						
NAME:	SIGNATURE:					
TITLE:	PHONE NUMBER: DA		DATE SUB	DATE SUBMITTED:		
	FOR WVAC USE ON	ILY				
GRTAWD	I hereby certify that the items/services listed here have been received and are approved for payment.					
IN						
PR	_	Date	Signature			