

WEST VIRGINIA AERONAUTICS COMMISSION

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT

PAYMENT REQUEST NO. _____

WVAC GRANT NO. _____

AIRPORT NAME	FEDERAL EMPLOYMENT IDENTIFICATION NO.		
NAME/MAILING ADDRESS OF GRANTEE	BRIEF PROJECT DESCRIPTION:		
FAA GRANT NUMBER:	TOTAL PROJECT COST:		
FEDERAL FUNDING	NON-FEDERAL FUNDING		
FAA GRANT	WVAC GRANT		OTHER SOURCES
	FUEL TAX	GENERAL REVENUE	
	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:	DATE SUBMITTED:	
FOR WVAC USE ONLY			
ORG. 7000 P.O. NUMBER _____ FEIN: _____ TRANSMITTAL: _____		I hereby certify that the items listed here have been received and are approved for payment. <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Date Name </div>	