



Request for State Fund Reimbursement  
 for Projects with Entitlement & Discretionary Funding

Instructions

- Complete Parts 1 through 3. Make sure to:
  - Provide the grant expiration date in Part 1
  - Provide the state and federal project numbers in Part 1
  - Provide an original signature in Part 3
- Provide summary sheet; contractor pay requests; and invoices for engineering, inspection, testing, security, maintenance, etc.
- Provide a copy of FAA Form 271 if the project is an AIP project.
- Mail the request with all supporting documents to the Airport Services Division of the Virginia Department of Aviation at the address above.

Part 1: Project Information

Name of Airport: \_\_\_\_\_ Grant Expiration Date: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 State Project Number: \_\_\_\_\_ Pay Request Number: \_\_\_\_\_  
 AIP Project Number: \_\_\_\_\_ Type of Request:  Partial  
 State Grant Amount: \_\_\_\_\_  Final

Part 2: Payment Information

	Entitlement (E)	Discretionary (D)	Totals
a. Net Eligible Project Cost to Date	\$ _____	\$ _____	\$ _____
b. State Share of Project Cost to Date (item a multiplied by the % participation)	\$ _____	\$ _____	\$ _____
c. Total State Payments Previously Received	\$ _____	\$ _____	\$ _____
d. Amount of this Request (item b minus item c)	\$ _____	\$ _____	\$ _____

Part 3: Reimbursement Certification

I hereby certify that the above expenses have been authorized by the airport sponsor and have been incurred in accordance with the terms of the project as approved by the Virginia Department of Aviation. I also certify that the amount requested for reimbursement represents the state share due and has not been previously requested.

\_\_\_\_\_ Original Signature \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Part 4: Virginia Department of Aviation Action (agency use only)

This request is being:  approved Amount Approved: \_\_\_\_\_ (E)  
 approved as noted below \_\_\_\_\_ (D)  
 disapproved \*\*  
 Reviewed & Approved: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Manager Approved: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Prepare DOAV ASD01-4 with reason for disapproval and send to sponsor.