

Commonwealth of Virginia Department of Aviation 5702 Gulfstream Road Richmond, VA 23250-2422 www.doav.virginia.gov

For DOAV Use Only DATE STAMP BELOW

Request for State Fund Reimbursement

Instructions			
Complete Parts 1 through 3. Make sure to:			
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 Crant Amount:			☐ Final
Part 2: Payment Information			
a. Net Eligible Project Cost to Date	\$		
b. State Share of Project Cost to Date			
(item a multiplied by the percent participation)	\$		
c. Total State Payments Previously Received	\$		
d. Amount of this Request	\$	<u> </u>	
(item b minus item c)	Ψ		
Dout 2. Doinghous asset Contification			
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	
Oliginal Olymatare		Title	
Date		Phone Number	
Part 4: Virginia Department of Aviation Action (agency use only)			
Fait 4. Virginia Department of Aviation ,	Action (agency use	offiy)	
This request is being:		Amount Approved:	
☐ approved as noted below			
☐ disapproved **		Reviewed & Approved:	_
Comments:		Date:	
		Manager Approved:	
		Date:	

^{**}Prepare DOAV ASD01-4 with reason for disapproval and send to sponsor.