



Commonwealth of Virginia
Department of Aviation

Request for State Fund Reimbursement

Part 1: Project Information

Airport Name: _____ Expiration Date: _____
State Project Name: _____
State Project Number: _____ State Project Amount: _____
FAA Project Number: _____ State Participation Rate: _____ %

Part 2: Request Information

Type of Request: ☐ Partial ☐ Final Request Number: _____
Sponsor Request DOAV Revision
a. Net Eligible Project Cost to Date _____
b. State Share of Project Cost to Date _____
(item a multiplied by the state participation rate) _____
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 costs 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 Date

Printed Name Phone Number

Title Email Address

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

This request is ☐ approved Amount Approved: _____
☐ approved as noted below
☐ disapproved as noted below Project Manager Approved: _____
Comments: _____ Date: _____
Section Manager Approved: _____
Date: _____

Part 5: Transmittal Coding (agency use only)

Cost Center _____ Account Code _____