

[AIRPORT NAME]

[Street Address]
[City], [State] [Zip Code]
[Bus. (###) ###-####]
[FAX (###) ###-####]

September 27, 2012

Bambi Jake
Department of Transportation
Division of Aeronautics, MS#40
P.O. Box 942874
Sacramento, CA 94274-0001
Subject: [Airport Name] -- State Grant Reimbursement

Dear Ms. Jake

In accordance with Section III of State Grant Agreement [State Grant ###] for [Airport Name] - [AIP ###], we are requesting payment in the amount of \$ #,###.##. This payment request includes the 10 percent retention. A copy of FAA Payment Claim ## as well as the corresponding deposit permit showing receipt of the funds is enclosed.

If you have any questions, please call me at (###) ###-####.

Sincerely,

(Name)
(Title)

(Initials):
Enclosures

AIP Files/State Reimbursement

[Airport Name] / [AIP Project #]
State Grant [#XX-#-##-#-XXx]

Claim #	FAA Reimbursement Amount	Deposit Date	Deposit #	State Grant Total*	10 Percent Retention	State Reimbursement Amount
#	\$ 370,660.00	MM/DD/YY	#####	\$9,266.50	\$926.65	\$8,339.85
Total	\$ 370,660.00			\$9,266.50	\$926.65	\$8,339.85

*State Match Rate: 2.5 Percent (Prior to May 24, 2012)

SAMPLE

COUNTY OF [City / County Name]

ELECTRONIC DEPOSIT PERMIT

[OFFICE OF CITY or COUNTY]

DEPARTMENT NAME

[Department Name]

[City], CALIFORNIA

FISCAL YEAR [YY-YY]

ORGANIZATION NUMBER

[###]

DESCRIPTION OF DEPOSIT	FUND/ORG NO.	SUB ACCT	TASK	OPT	ACTIVITY	AMOUNT	TOTAL
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[Airport ID 'XXX'] AIP [###] FAA Claim #

[Airport ID 'XXX'] FAA Imp. Proj. -fed aid airport constr

\$ 370,660.00

\$ 370,660.00

TOTAL DEPOSIT: \$ 370,660.00

GENERAL DEPOSIT NOTES:

SITE OF DEPOSIT: BANK ACCOUNT DEPOSITED: [Bank Name] Bank- Treasurer
 CASH: \$###.## CHECK(S): \$###.## BANK DEPOSIT: \$###,###.##
 Bank Receipt: [X#####] Date: [MM/DD/YYYY] NOTES: [Airport ID] AIP [###] -FAA Claim [###]

SECTION 26901 GOVERNMENT CODE
 I HEREBY SWEAR THAT THIS IS A
 TRUE AND CORRECT RECORD OF THE TOTAL
 AMOUNT OF MONEY AS DESCRIBED ABOVE
 FOR DEPOSIT INTO THE [CITY/COUNTY]
 TREASURY

THE A-C OF CCC, HEREBY CERTIFIES THAT
 THE AMOUNT DUE THE TREASURER OF
 SAID COUNTY FOR MONIES COLLECTED BY
 TREASURER-TAX COLLECTOR
 -[band name] BANK- TREASURER
 IN SETTLEMENT OF THE ABOVE DESCRIBED
 ACCOUNTS IS THE SUM OF \$ ###,###.##

RECEIPT OF ABOVE AMOUNT
 IS HEREBY ACKNOWLEDGED.

Sep 05, 2012 10:18:46AM

[Name]
 USER VALIDATION

Sep 05, 2012 04:17:34PM

[Name]
 AUDITOR'S VALIDATION

Sep 05, 2012 02:39:54PM

[Name]
 TTC VALIDATION

USER PHONE NO.

[###-###-####]

SUBMIT DATE / TIME
 Sep 05, 2012 10:18:46AM

USER NAME

[Name]

EDP NO

[###]

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS <i>(See instructions on back)</i>		Approved by Office of Management and Budget, No. [###]	PAGE 1 OF 1 PAGES 1																																																																																												
3.FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED FAA		1.TYPE OF REQUEST FINAL i8JPARTIAL																																																																																													
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9.RECIPIENT ORGANIZATION <i>Name:</i> <i>No. and Street:</i> <i>City, State and Zip Code:</i>		PERIOD COVERED BY THIS REPORT FROM <i>(Month, day, year)</i> [MM/DD/YY]																																																																																													
		TO <i>(Month, day, year)</i> [MM/DD/YY]																																																																																													
10.PAYEE <i>(Where check should be sent if different than Item 9) Name:</i> OR 'SAME' <i>No. and Street: City, State and Zip Code:</i>		11. STATUS OF FUNDS																																																																																													
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12.CERTIFICATION I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represent the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.	a. RECIPIENT	SIGNATURE of AUTHORIZED/ CERTIFYING OFFICIAL TYPED OR PRINTED NAME AND TITLE [Name], DIRECTOR OF AIRPORTS	DATE REPORT SUBMITTED [MM/DD/YY]																																																																																												
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