(Submitted on Sponsor Letterhead)

(Date)
Grants and Loans Specialist
Department of Transportation
Division of Aeronautics, MS #40
PO Box 942874
Sacramento, CA 94274-0001
Subject: (Airport Name)-State Grant Reimbursement-(Billing Number)

To whom it may concern:

In accordance with Section III of the State Grant Agreement (State Grant Agreement Number) for (Airport Name) – (AIP Grant Number), we are requesting payment in the amount of (Enter Dollar Amount). This payment request includes the 10 percent retention. A copy of FAA Payment Claim (Enter Claim Number) as well as the corresponding deposit permit showing receipt of the funds is enclosed.

If you have any questions, please call (phone number) or email at (email).

Sincerely,

(Signature Block)

SAMPLE