

WEST VIRGINIA DIVISION OF MULTIMODAL TRANSPORTATION FACILITIES
OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT

PAYMENT REQUEST NO. _____

DMTF GRANT NO. _____

Note: All amounts must be round down whole dollars

AIRPORT NAME	FEDERAL EMPLOYMENT IDENTIFICATION NO.		
GRANTEE NAME/REMITTANCE ADDRESS	BRIEF PROJECT DESCRIPTION:		
FAA GRANT NUMBER:	TOTAL PROJECT COST:		
FEDERAL FUNDING	NON-FEDERAL FUNDING		
FAA GRANT	DMTF GRANT		OTHER SOURCES
	FUEL TAX	GENERAL REVENUE	
	Share= _____ %	Share= _____ %	Share= _____ %

COMPUTATION OF AMOUNT REQUESTED COVERING PERIOD FROM: _____ **to** _____

A. Total Program Outlays to date as of _____	\$ _____
B. Federal Share of Amount on Line A	\$ _____
C. Non-Federal Share of Amount on Line A (Line A – Line B)	\$ _____
D. State Share of Amount on Line C	\$ _____
E. State Payment Previously Requested	\$ _____
F. State Payment Now Requested	\$ _____

REMARKS:

I certify that to the best of my knowledge and belief the data reported above is correct and that all outlays were made in accordance with grant conditions and that payment is due and has not been previously requested.

NAME:	SIGNATURE:	
TITLE:	PHONE NUMBER:	DATE SUBMITTED:

FOR DMTF USE ONLY

GRTAWD _____
IN _____
PR _____

I hereby certify that the items/services listed here have been received and are approved for payment.
