



# REQUEST FOR REIMBURSEMENT (RFR)

Airport Name / Identifier: \_\_\_\_\_ Date: \_\_\_\_\_

SCAC Number: \_\_\_\_\_ AIP Number: \_\_\_\_\_

Project Title / Description: \_\_\_\_\_

AIP Grant Amount: \$ \_\_\_\_\_ SCAC Grant Amount: \$ \_\_\_\_\_

Other Funds: \$ \_\_\_\_\_ Percent of Project Completed: \_\_\_\_\_%

→ AMOUNT BILLED TO SPONSOR TO DATE: \$ \_\_\_\_\_

→ AMOUNT PAID BY SPONSOR TO DATE: \$ \_\_\_\_\_

→ AMOUNT BILLED TO STATE TO DATE: \$ \_\_\_\_\_

→ AMOUNT PAID BY STATE TO DATE: \$ \_\_\_\_\_

→ PAYMENT REQUESTED THIS APPLICATION: \$ \_\_\_\_\_

This is to certify that the required local funds, a minimum of \$ \_\_\_\_\_, were on hand and have been encumbered for the purpose of matching funds allocated by the SC Aeronautics Commission for this project; and no other State funds will be used to match Aeronautics funds specifically appropriated to the sponsor for this project: and that the city, county, or authority has paid \$ \_\_\_\_\_ on the above project (Include copies of all invoices, charges, cancelled checks, or bank statements). This further certifies that all materials have been received and / or all work was performed as specified in the contract documents provided to the South Carolina Aeronautics Commission.

\_\_\_\_\_  
Signature & Title of authorized County, City, or Authority Representative

FOR SC AERONAUTICS USE ONLY

AUDIT BY: \_\_\_\_\_

APPROVED FOR PAYMENT: \_\_\_\_\_

ACCOUNT ID NO: \_\_\_\_\_

AMT OF GRANT \$ \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_

THIS REQUEST \$ \_\_\_\_\_

AMT REMAINING \$ \_\_\_\_\_