



REQUEST FOR REIMBURSEMENT (RFR) FORM

RFR (Sequence) #: _____ Date: _____

SCAC Grant / Project #: _____ Airport ID: _____

Airport Name: _____

Project Name: _____

Final RFR? (Y or N) _____ AIP Grant #: _____

Amount of AIP Grant (if applicable): \$ _____

Amount of SCAC Grant: \$ _____

Amount billed to Sponsor to date: \$ _____

Amount paid by Sponsor to date: \$ _____

Amount previously billed to State: \$ _____

Amount of payment requested this RFR: \$ _____

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 South Carolina Aeronautics Commission (SCAC) 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 SCAC.

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

For Aeronautics Staff use only:

Amount of SCAC Grant: \$ _____

Total previously reimbursed: \$ _____

Amount of this request: \$ _____

Unpaid balance remaining: \$ _____

Audited by: _____

Date approved for payment: _____

Account ID #: _____