FLIGHT TRAINING ASSISTANCE PROGRAM (FTAP) - GRANT PAYMENT VOUCHER

NORTH DAKOTA AERONAUTICS COMMISSION

SFN 60622 (10-2015)

Name of Airport	Name of Certified Flight Instructor (CFI)		
Airport's Address	City	State	ZIP Code

The undersigned designated representative does, on behalf of the Airport, request grant payment for the following flight training related expenses paid to participating CFI pursuant to the Commission's FTAP and does hereby certify that such requested payment is eligible under the FTAP.

Signature of Airport's Designated Authorized Representative	Date

Date	Leg of Travel (one way)	Note A-Aircraft V-Vehicle	Statute Miles	Meals*	Lodging*	Name of Student Pilot(s)	Type of Instruction and Hours
	to						
	to						
	to						
	to						
	to						
	to						
	to						
	to						

Computation (based on current state reimbursement rate)

Air Miles	0	x	.86 cents	= $0.00
Vehicle Miles	0	x	.575 cents	= $0.00
List Other Expenses (see below*)			Total Other Expenses	=

TOTAL	=	$0.00	x	75% (State Match)	= Eligible Reimbursement $0.00

Please return completed form to:

North Dakota Aeronautics Commission
PO Box 5020
Bismarck, ND 58502
Email Address: ndaero@nd.gov
Telephone Number: 701-328-9650

*** Other Expenses:**

Meals - $7.00 breakfast, $ 10.50 lunch, $17.50 supper
Hotels - maximum of $89 (including taxes)
(please attach receipts for hotel expenses)

OFFICE USE ONLY

Amount Approved	Staff Initials	Date