TEXAS DEPARTMENT OF TRANSPORTATION - DIVISION OF AVIATION

CRRSAA/ACRGP Reimbursement Request Form

NOTE: ATTACH SUPPORTING DOCUMENTATION TO THIS REQUEST

Itemize your supporting documentation in the table below

Date of Invoice	Expense Type	Amount
	Total	$ 0.00

CERTIFICATION OF SPONSOR

I,_____, do hereby certify that I am_____
(Title of person certifying)

and that I am duly authorized to make this certification for and on behalf of the **City/County of** _____. *All expenses requested for reimbursement were incurred in accordance with the FAA's Revenue Use Policy and the Coronavirus Relief and Response Supplemental Appropriations Act, and 2 CFR Part 200.* I further certify that the attached invoice/s is correct and understand funding made available under this request may only be used to reimburse for airport expenses for operational, maintenance and debt service payments.

SIGNATURE _____Date:_____