

## KENTUCKY TRANSPORTATION CABINET

## **DEPARTMENT OF AVIATION**

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## STANDARD INVOICE FOR STATE MATCH ON FEDERAL AID FOR PUBLIC AIRPORT DEVELOPMENT PROJECTS

| SECT   | ION 1: DELIVERY  | INFORMATIO    | N                |          |  |                       |             |                  |                      |  |
|--|--|---------------|------------------|----------|--|-----------------------|-------------|------------------|----------------------|--|
| KDA PROJECT #/PROJECT NAME   |  |               |                  |          | CONTRACT#                                      |                       | PROGRAM #   |                  | PROJECT<br>INVOICE # |  |
|  |  |               |                  |          |  |                       |             |                  |                      |  |
| Delivered To:  |  |               | EAA AID#         |          | CONTRACT                                       |                       | PROJECT     |                  |                      |  |
| KYTC Department of Aviation  |  |               | TERMS            | FAA AIP# |  | <b>EXECUTION DATE</b> |             | INVOICE DATE     |                      |  |
| Capital City Airport, 90 Airport Rd  |  |               | Due in 30 days   |          |  |                       |             |                  |                      |  |
| Frankfort KY 40601   |  |               | upon receipt.    |          |  |                       |             |                  |                      |  |
| SECTION 2: AIRPORT INFORMATION   |  |               |                  |          |  |                       |             |                  |                      |  |
| AIRPORT NAME:  |  |               |                  |          |  |                       |             |                  |                      |  |
| SPONSOR NAME:  |  |               |                  |          |  |                       |             | CHAIR:           |                      |  |
| ADDRESS:   |  |               |                  |          |  |                       |             |                  |                      |  |
| SECTION 3: INVOICE INFORMATION   |  |               |                  |          |  |                       |             |                  |                      |  |
| PART   | A: AIP ITEMS   |               |                  |          |  |                       |             |                  |                      |  |
| ITEM   | DESCR  | IPTION        | GRANT AMO        | UNT      | %  | TOTA                  | L DUE       | PREVIOUS INVOICE | DUE THIS INVOICE     |  |
| 1  | Land   |               |                  |          |  |                       |             |                  |                      |  |
| 2  | Construction   |               |                  |          |  |                       |             |                  |                      |  |
| 3  | Planning/Engineering   | g/Supervision |                  |          |  |                       |             |                  |                      |  |
| 4  | Administrative   |               |                  |          |  |                       |             |                  |                      |  |
| AIP ITEMS SUBTOTAL   |  |               |                  |          |  |                       |             |                  |                      |  |
|  | STATE SHARE %  |               |                  |          |  |                       |             |                  |                      |  |
| TOTAL AIP AMOUNT DUE   |  |               |                  |          |  |                       |             |                  |                      |  |
| PART   | B: NON-AIP ITEM  | 1S            |                  |          |  |                       |             |                  |                      |  |
| 1  | Land   |               |                  |          |  |                       |             |                  |                      |  |
| 2  | Construction   |               |                  |          |  |                       |             |                  |                      |  |
| 3  | Planning/Engineering   | g/Supervision |                  |          |  |                       |             |                  |                      |  |
| 4  | Administrative   |               |                  |          |  |                       |             |                  |                      |  |
| NON-AIP ITEMS SUBTOTAL   |  |               |                  |          |  |                       |             |                  |                      |  |
|  | STATE SHARE %  |               |                  |          |  |                       |             |                  |                      |  |
|  | <del>.</del>   |               |                  |          |  | TOTA                  | L NON-A     | IP AMOUNT DUE    |                      |  |
| TOTAL INVOICE AMOUNT DUE   |  |               |                  |          |  |                       |             |                  |                      |  |
| SECT   | ION 4: CERTIFICA   | ATION         |                  |          |  |                       |             | <del>.</del>     |                      |  |
| I here   | by certify that th   | e commodities | or services spec | ified    | above ha                                       | ve been               |             |                  |                      |  |
| furnisi  | furnished to the Commonwealth of Kentucky: that the quality and prices |               |                  |          |  |                       |             |                  |                      |  |
| conform to the proposal and purchase order or contract; and that payment, in |  |               |                  |          |  |                       |             |                  | ONLY                 |  |
| whole  | whole or in part, has not been received.                               |               |                  |          |  |                       |             |                  |                      |  |
| SPONSOR NAME   |  |               |                  |          |  |                       | APPROVED BY |                  |                      |  |
|  |  |               |                  |          |  |                       |             |                  |                      |  |
| CHAIR PRINTED NAME   |  |               |                  |          |  |                       | TITLE       |                  |                      |  |
| CUAID CIONATURE  |  |               |                  |          | D. 4 T. C. |                       |             | DATE ADDDOVED    |                      |  |
| CHAIR SIGNATURE  |  |               |                  | DA.      | DATE SIGNED D                                  |                       |             | DATE APPROVED    |                      |  |
|  |  |               |                  |          |  |                       |             |                  |                      |  |
|  |  |               |                  |          |  |                       |             |                  |                      |  |