FLIGHT TRAINING ASSISTANCE PROGRAM (FTAP) - GRANT PAYMENT VOUCHER

NORTH DAKOTA AERONAUTICS COMMISSION

SFN 60622 (01-2020)

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

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)**	**Indicate "A"-Aircraft "V"-Vehicle**	**Statute Miles**	**Meals*** *(enter daily amount)*	**Lodging*** *(daily rate)*	**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
	Total Meals =	$0.00
	Total Lodging =	$0.00
List Other Expenses	Total Other Expenses =	

***State Meals/Lodging Rate Reimbursements:**
Meals - $7.00 breakfast, $ 10.50 lunch, $17.50 supper
Hotels - maximum of $94 (including taxes)
(please attach receipts for hotel expenses)

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

OFFICE USE ONLY

Amount Approved	Staff Initials	Date