

**ECHO – WEB PAYMENT REPORT  
FAA Central Region**

ECHO CONTROL NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 REQUEST NO: \_\_\_\_\_ B.O.H. \_\_\_\_\_  
 RECIPIENT'S NAME: \_\_\_\_\_ PHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
 APPROVING OFFICIAL: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_

I acknowledge the above information is correct

AIP PROJECT No.	REQUEST AMOUNT	RETURN AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Current Transaction Total:</b>	\$ _____	\$ _____

\_\_\_\_\_  
Signature of Authorizing Official                      Date

**Reimbursement History**

	<u>AIP Grant No.</u>	<u>Reimbursement No.</u>	<u>Amount</u>	<u>Accumulative Total</u>
1				
2				
3				
4				
5				

**Note:** Sponsors may submit a printout of the ECHO Web Payment Report screen in lieu of this form