STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

DIVISION OF AVIATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

AV-515 A-Code Summary Form for Reimbursement or Advance Requests

AIRPORT NAME: _____

WBS #: _____ **Rmbsmnt/Advance Request Total:** _____

Rmbsmnt/Advance Request #: _____ **Total this Page:** $ 0.00

Vendor Name	Invoice #	Invoice Date	Invoice Amount ($)	Sales Tax ($)	Invoice Amount without Sales Tax ($)	A Codes								
						A-101	A-102	A-103	A-104	A-105	A-106	A-107	A-108	A-109
					$ 0.00									
					$ 0.00									
					$ 0.00									
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					$ 0.00									
		TOTALS	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Notes:

In lieu of the AV-515, the sponsor may submit a spreadsheet that, at a minimum, includes the information covered in the AV-515.