



MONTHLY AVIATION FUEL PURCHASE REPORT

**Please return no later than the 25th day of the month after month reported, email to DOT_Aeronautics@state.co.us
 REQUIRED: COMPLETE FUEL INVOICE AND BILL OF LADING WORKSHEET TABS*

CONTACT INFORMATION

| | |
|---|---|
| Airport Name <input style="width: 90%;" type="text"/> Address 1 <input style="width: 90%;" type="text"/> Address 2 <input style="width: 90%;" type="text"/> City, State, ZIP <input style="width: 90%;" type="text"/> | <div style="text-align: right;"><i>(Payee: Refund to be sent here)</i></div> Airport Sponsor <input style="width: 90%;" type="text"/> Address 1 <input style="width: 90%;" type="text"/> Address 2 <input style="width: 90%;" type="text"/> City, State, ZIP <input style="width: 90%;" type="text"/> |
| Month/Year Covered <input style="width: 100px;" type="text"/> <i>(enter mm/yyyy)</i> | Airport Identifier (###) <input style="width: 100px;" type="text"/> |

| AVIATION FUEL EXCISE TAX REFUND COMPUTATION | AVGAS Purchased for reporting month | AVIATION JET FUEL Purchased for reporting month | TOTAL |
|---|--|--|-------------------|
| Total gross gallons delivered during month for fueling at above airport on which aviation fuel tax was collected ** | - | - | - |
| MINUS: 2.49% reduction for CO Dept. of Revenue allowances given to licensed fuel distributors for shrinkage and tax collection <i>(NOTE: 1% ALLOWANCE FOR SHRINKAGE SHOULD BE PASSED ALONG TO RETAILER BY LICENSED FUEL DISTRIBUTOR.)</i> | - | - | - |
| EQUALS: Net gallons on which \$0.04 per gallon is due to airport. | - | - | - |
| MULTIPLY: Net gallons by \$0.04 per gallon. | X \$0.04 per gal. | X \$0.04 per gal. | X \$0.04 per gal. |
| EQUALS: AMOUNT DUE to local government entity for the month referenced above, validated against Dept of Revenue data, to be used for airport operating or aviation development only. | \$0.00 | \$0.00 | \$0.00 |

I declare that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report in good faith for the period stated. I also acknowledge that all fuel tax reimbursement funds will be used for aviation purposes only.

| | | |
|---|--------------|-------|
| <input style="width: 95%;" type="text"/> | COLORADO | |
| Name of Airport | City | State |
| <input style="width: 100%;" type="text"/> | | |
| Approved by - Name/Title | Phone Number | Date |

TO BE COMPLETED BY AERONAUTICS DIVISION

| | | | |
|---|----|----|----|
| MINUS: Refunds paid by CO Dept. of Revenue during the month | \$ | \$ | \$ |
| PLUS / MINUS: Adjustments | \$ | \$ | \$ |
| PLUS: Balance due to airport at beginning of month | \$ | \$ | \$ |

** Aviation fuel must be placed in aircraft at the airport in question for \$0.04 per gallon distribution.

