



HEADQUARTERS
CIVIL AIR PATROL COLORADO WING
 UNITED STATES AIR FORCE AUXILIARY
 135 Dover St.
 Bldg. 350 Suite 2025
 Peterson SFB, CO 80914

CREDIT CARD AUTHORIZATION APPLICATION

APPLICANT'S NAME: _____ **CAPID:** _____ **UNIT:** _____

AUTHORIZATION REQUESTED:

Servis1st Credit Card

Check All That Apply

I request authorization to use the Servis1st credit card, as indicated above, on the express condition that I will always use the card according to CAP and Colorado Wing directives.

I agree that:

- I will use the assigned card for Wing/Unit expenses. I understand other uses require case-by-case approval by the Wing/Unit Finance Committee if the purchase is over \$500.
- If a credit card is lost or stolen, I will report it immediately to the Wing Administrator & Director of Finance.
- I will account for expenses authorized by my use of a credit card by submitting receipts from the use of the card in accordance with CAPR 173-1 and COWG Cred Card Policy (not later than seven days after the expenditure).
- The member making the credit purchase is responsible for submitting the credit receipt (RECOMMENDATION: Keep the actual receipt for one year & send a PDF of the receipt to COWG Administrator as a backup).
- I understand that unauthorized use of a credit card or improper receipts accounting may result in the requirement that I reimburse Colorado Wing for the total purchase costs incurred.
- I know that Civil Air Patrol employees and officers will scrutinize transactions on the card to ensure proper program utilization.
- I understand if my membership expires or if I otherwise leave Civil Air Patrol, my credit card use authorization will be terminated, and I will need to reapply upon rejoining.

I CERTIFY

- I have read and understand Civil Air Patrol and Colorado Wing directives and instructions for the financial use of the Servis1st Credit Card. I understand that it is my responsibility to read and apply the most current policies. I may be subject to administrative or disciplinary action if I do not use current policies correctly.
- I received training regarding the COWG expectations for the use of credit cards on the following date(s)

In Person or Recorded Training Session (check as appropriate). **DATE:** _____

(Applicant Signature)

(Date)

Applicant's Unit Commander

I agree this applicant is a member in good standing in Colorado Wing Civil Air Patrol; the member is a good candidate for understanding program requirements and properly using authorized credit cards, and that I will take administrative action for improper use of the card as required by CAP regulations or higher headquarters.

(Unit Commander Signature)

(Print Name)

(Date)

Wing Commander Endorsement

APPROVED DISAPPROVED

(Wing Commander Signature)

(Date)