

REQUEST FOR REIMBURSEMENT
(Other than USAF authorized missions)

TO BE SUBMITTED WITHIN 60 DAYS OF THE DATE THE EXPENSE WAS INCURRED.
OLDER REQUESTS CANNOT BE REIMBURSED.

I request reimbursement for the following expenses I incurred while performing Civil Air Patrol duties. These expenses were authorized by appropriate authority and were necessary to carry out the mission of CAP.

DATE OF EXPENSE	EXPENSES/REMARKS	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

Copies of all receipts or additional statements for expenses without receipts are attached.

Please send electronically

Please send check to the following address:

_____		_____		_____	
NAME OF REQUESTER		PHONE NUMBER		ALTERNATE PHONE	
_____		_____		_____	_____
STREET ADDRESS		CITY		STATE	ZIP
_____				_____	
SIGNATURE OF REQUESTER				DATE SIGNED	
_____		_____		_____	
NAME, GRADE, TITLE OF APPROVING AUTHORITY		SIGNATURE		DATE	