

AMOUNT REQUESTED \$ _____	NEBRASKA WING CIVIL AIR PATROL Payment/Reimbursement Request Form	DATE
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PURPOSE OF REQUEST: Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/>	IN SUPPORT OF: Vehicle #: _____ Aircraft #: _____	MAKE CHECK PAYABLE TO: Payee: _____ Address: _____ City: _____ ST: ___ Zip: _____ - _____
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JUSTIFICATION 	Wing Approval
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I certify that the attached receipts reflect the correct amount expended on the above equipment, parts, or services installed or used on the identified equipment and / or will be used for official purposes only. This form is to be used for reimbursement from wing funds only submitted to the wing finance officer or wing administrator.

Signature: _____ Rank: _____ CAPID: _____ Unit: _____	Date Received: _____ Date Paid: _____ Check #: _____ Amount Paid: \$ _____ Part of Check #: _____
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