

<b>AMOUNT REQUESTED</b> \$ _____	<b>NEBRASKA WING CIVIL AIR PATROL</b> <b>Payment/Reimbursement Request Form</b>	<b>DATE</b>
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<b>PURPOSE OF REQUEST:</b> Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/>	<b>IN SUPPORT OF:</b> Vehicle #: _____ Aircraft #: _____	<b>MAKE CHECK PAYABLE TO:</b> Payee: _____ Address: _____ City: _____ ST: ___ Zip: _____ - _____
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<b>JUSTIFICATION</b>	<b>Wing Approval</b>
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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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