



**Hawaii Wing Civil Air Patrol
Reimbursement Requisition Form**

I. Identifying Data		
Pay To (Include address if needed mailed)	Unit Charter Number	
	Date Submitted	
	Date Expense Incurred	
	Invoice Number (if applicable)	
	Amount	
II. Justification Data		
Purpose of Funds:		
III. Funds Allocation		
Description	Account Name	Amount
Total Amount		\$
IV. Actions and Approvals		
Name and Grade of Requester	Signature of Requester and Date	
Name and Grade of Approval Authority	Signature of Approval Authority and Date	
Name and Grade of FM or Committee Member	Signature of FM or Committee Member and Date	
<i>All signatures and required documents/receipts must be present for check to be issued</i>		