

HEADQUARTERS HAWAII WING CIVIL AIR PATROL UNITED STATES AIR FORCE AUXILIARY 419 Lele St. Honolulu HI 96819



Reimbursement Requisition Form

I. Identifying Data				
Pay To (Include address if needed mailed)	Unit Charter Number			
	Date Expense Incurred			
	Invoice Number (if applicable)			
	Amount			
II. Justification Data				
Purpose of Funds:				
III. Funds Allocation				
Description	Anocation	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 o	Signature of FM or Committee Member and Date		
All signatures and required documents/receipts must be present for check to be issued				

HIWG FORM 108, Reimbursement Requisition, April 2007