** ** HEADQUARTERS HAWAII WING

CIVIL AIR PATROL

UNITED STATES AIR FORCE AUXILIARY

419 Lele St.

Honolulu HI 96819

**Reimbursement Requisition Form**

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| --- |
| **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 | Account Name | Amount |
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|  |  **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 |
|  ***All signatures and required documents/receipts must be present for check to be issued*** |

 HIWG FORM 108, Reimbursement Requisition, April 2007