** ** 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 | | 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