



North Central Region Civil Air Patrol Payment Voucher

Check

EFT

Date:

Payable To:

Position:

Address:

City:

State:

Zip:

Amount:

Description:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

All personal reimbursement requests must be submitted within 60 days of incurring an expense or receiving an invoice. Requests for reimbursement presented after 60 days will not be honored.

All receipts must be included for payment.

Submission of this request certifies that the total amount was incurred for Civil Air Patrol purposes.

Comments:

Submit completed Payment Voucher with legible copies of detailed receipts in PDF format via e-mail to:

Region Director of Finance
dsewell@ncr.cap.gov