



# North Central Region Civil Air Patrol Payment Voucher - FY25



Date:

Payable To:

Position:

Address:

City:

State:

Zip:

Amount:

**Fill in Account Number and amounts below and this total will be calculated**

Description:

**If you do not know the account number please get this information from the director or POC for the activity you are requesting payment for**

**Account Number from drop-down list MUST be selected for each line**

Account Distribution	Amount
<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 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](mailto:dsewell@ncr.cap.gov)