

CIVIL AIR PATROL NATIONAL CAPITAL WING DISBURSEMENT REQUEST



Request for **REIMBURSEMENT** of Personal Funds used to cover approved CAP expenses

Request for **PAYMENT to a Vendor** to cover approved CAP expenses

DATE OF REQUEST

Financially Responsible Unit:
(select from dropdown)

Receipt info/Item description <i>(continue in remarks if necessary)</i>	Budget Category	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL AMOUNT CLAIMED		

PAYEE INFORMATION		RECEIPT(S) / INVOICE(S)
NAME		Original(s) are attached Scanned - original(s) kept at unit
PHONE NUMBER		
EMAIL ADDRESS		APPROVALS
MAILING ADDRESS		Approvals to be made via SERTIFI Manual approval (attach Finance Committee minutes)

CLAIMANT REMARKS AND DISCLOSURES (if any)

NOTES AND INSTRUCTIONS

- All payments and reimbursements will be approved via SERTIFI by the appropriate Finance Committee unless Finance Committee Minutes showing prior approval are attached.
- Personal reimbursement requests will not be considered if more than 60 days have passed since incurring the expense or receiving an invoice.
- See NatCap Financial Management Procedures for additional information.