



North Dakota Wing Civil Air Patrol Payment Voucher

June 2024

Date: Check EFT

Payable To: Position:

Address:

City: State: Zip:

Amount:

Description:

Account Distribution	Wing/Unit	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"/>	<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.

If amount is over \$500 - Wing submit through Sertifi - Unit attach finance committee meeting minutes.

Signature: Date:

Signature: Date:

Signature: Date:

Signature: Date:

Comments:

Submit completed Payment Voucher with legible copies of detailed receipts in PDF format via e-mail to:
North Dakota Wing Director of Finance
fm@ndcap.us