



# North Dakota Wing Civil Air Patrol Payment Voucher - FY22

October 2021

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](mailto:fm@ndcap.us)