

## Reimbursement Request for USAF Authorized Mission Expense Individual Member (Not Wing Credit Card)

### I. Reimbursement Information

Only use this form if you are seeking reimbursement for personal funds expended during the course of a USAF authorized mission. DO NOT USE to report amounts charged to a Michigan Wing credit card. In order to receive reimbursement from Civil Air Patrol Michigan Wing, this form must be completed and sent to the Michigan Wing Administrator with receipts. Scanned forms and receipts are preferred. Send the form(s) by email to [wal04@miwg.comcastbiz.net](mailto:wal04@miwg.comcastbiz.net) or by fax to 586-239-6795.

<b>Name</b>		<b>CAPID</b>		<b>Total Amount</b>	
<b>Address</b>			<b>City</b>		<b>State</b>
					<b>Zip</b>
<b>Telephone</b>		<b>Email</b>			<b>Check Box if New Address</b>
<i>By submitting this request for reimbursement from Civil Air Patrol Michigan Wing, you certify that the amounts paid were for participation in the below listed USAF authorized mission and accurately reflect the hours flown, fuel/oil used and/or other miscellaneous costs incurred.</i>				<b>Signature</b>	
				<b>Date</b>	

### II. Mission Information

<b>Mission Number</b>	<b>Other Information Requested (Passengers, etc.)</b>	
<b>WMIRS Sortie #</b>	<b>WMIRS Sortie #</b>	<b>WMIRS Sortie #</b>
<b>Receipt</b>	<b>Receipt</b>	<b>Receipt</b>

### III. Wing Headquarters Use Only

<b>Date received:</b>	<b>Received by:</b>	<b>e108 number:</b>	<b>Date e108 paid</b>	<b>Date Member paid</b>	<b>Check number</b>