HEADQUARTERS NEBRASKA WING

CIVIL AIR PATROL

UNITED STATES AIR FORCE AUXILIARY

1635 Airport Drive

Jackson, MS 39209

(402) 882-5227

NEWG F173-13 PAYMENT REQUEST

AMOUNT REQUESTED:	NEBRASKA WING CIVIL AIR PATROL PAYMENT/REIMBURSEMENT REQUEST FORM NEWG FORM 173-13	DATE:

PURPOSE OF REQUES	IN SUPPORT OF: (IF APPLICABL	MAKE CHECK PAYABLE TO:
[ ] PAYMENT	VEHICLE #	Payee:
[ ] REIMBURSEMENT	AIRCRAFT #	Address
		City: State:
		eMail: Zip:

JUSTIFICATION:	WING APPROVAL:

I certify that the attached receipts reflect the correct amount expended on the direct support of Civil Air Patrol or its mission.

This form is to be used for reimbursement from squadron or unit funds and submitted online or to the wing administratior.

NAME OF PERSON SUBMITTING REQUEST:			Date Recived:
GRADE:	CAPID:	EMAIL ADDRESS:	Date Paid:
			Check #:
UNIT TO BILL TO:			Amount Paid:
OFFICE SYMBOL OF NAME OF BUDGET USED:			Part of Check #:
ELIBIGILITY FOR STATE APPROPRIATIONS:			