

WING HEADQUARTERS REIMBURSEMENT REQUEST

PART I – REQUESTOR’S INFORMATION

CAPID	GRADE	FIRST NAME	LAST NAME
UNIT CHARTER NUMBER		PHONE NUMBER	EMAIL

PART II – PAYMENT INFORMATION

ISSUE CHECK / PAYABLE TO		
MAILING ADDRESS (LINE 1)		MAILING ADDRESS (LINE 2 / APT, SUITE, ETC – OPTIONAL)
CITY	STATE	ZIP CODE

PART III – SUMMARY OF ITEMS FOR REIMBURSEMENT

ITEM	OPR	EXPENSE DATE	DESCRIPTION	AMOUNT
1				
2				
3				
4				
5				
6				

NOTE: Each item that reimbursement is sought for must have an invoice/receipt that includes the name of the vendor, a cost per item and quantity breakdown, and total amount paid. Use of CAP’s and INWG’s tax exemption is <i>not</i> permitted when paid for by the individual.	TOTAL CHECK AMOUNT <input style="width: 100%; height: 30px;" type="text"/>
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COMMENTS / REMARKS / ADDITIONAL NOTES

PART IV – APPROVAL CERTIFICATION

I certify that I paid for the expense(s) listed on this form and that they were approved for purchase in advance.		
REQUESTOR NAME	REQUESTOR SIGNATURE	DATE
As a member of the Indiana Wing Finance Committee I have reviewed this request and approve its reimbursement.		
APPROVAL AUTHORITY #1 NAME	APPROVAL AUTHORITY #1 SIGNATURE	DATE
As a member of the Indiana Wing Finance Committee I have reviewed this request and approve its reimbursement.		
APPROVAL AUTHORITY #2 NAME	APPROVAL AUTHORITY #2 SIGNATURE	DATE

Indiana Wing Reimbursement Request Form Instructions

AUTHORITY: This form is prescribed in INWG Supplement 1 to CAPR 173-1, *Financial Procedures and Accounting*.

PART I: To be completed by the person seeking reimbursement. This information is collected to ease the processing burden on INWG/FM in the event that additional information is needed or questions arise during the processing of the request.

PART II: The name and mailing address for the person to receive the reimbursement payment must be completed. A check will be mailed for reimbursement.

PART III: Provide a description of each expense that reimbursement is sought.
ITEM: Each receipt or invoice will be entered as a separate item. Up to six receipts or invoices may be processed via a single reimbursement request form.

OPR: If the expense is known to be approved from a specific directorate budget, enter the corresponding office symbol (i.e. DO, CP, LGT, etc.). May be left blank if unknown.

EXPENSE DATE: Enter the date that the charge was incurred or paid. All personal reimbursement requests must be submitted within 60 days of incurring an expense or receiving an invoice (*ref: CAPR 173-1, paragraph 18*).

DESCRIPTION: Provide a general description of the expense. Individual items of an expense do not need to be itemized here (i.e. Walmart purchase with 50 items need only be described as "Walmart supplies purchase").

AMOUNT: Enter the total amount for the invoice or receipt for each item.

COMMENTS/REMARKS/ADDITIONAL NOTES: This space is provided to allow for collection of additional information that may be useful in processing the reimbursement request.

PART IV: The approval certification section collects the required approval signatures. The person submitting the request must sign and date as the requestor before submitting the form. The request may be signed using the electronic signature function in the form or by printing/signing/scanning the form. The remaining signatures may be applied via the form electronically or via DocuSign.

SUBMISSION: The requestor will submit a completed and signed request to fm@inwg.cap.gov. INWG/FM will process the remaining approvals necessary and generate payment upon receipt of required approvals.