

**Marco Island Civil Air Patrol
Reimbursement Request Form**

Number	Description and Date of Item/s or Event for Reimbursement	\$ Amount to be Claimed
1		
2		
3		
4		
5		
Total Amount for Reimbursement:		\$ _____
<i>(Note: Receipts must be attached to this form for payment)</i>		
Submitted By: _____		
I certify that as a CAP member the amounts claimed were paid from my personal funds for participation as a member of the MICAP Squadron		
Membership #: _____		
Signature: _____		
Date: _____		
<i>(Note: Approval required by Finance Committee)</i>		
Approved By: _____		
This claim is true and proper for payment		
Membership #: _____		
Signature: _____		
Date: _____		
<i>(Below to be completed by Finance Officer)</i>		
Receipt of this form is hereby acknowledged		Amount Paid:
Paid By Check # _____	Date: _____	Acct Code# _____
		\$ _____
Finance Officer Signature: _____		