



HEADQUARTERS  
CIVIL AIR PATROL LOUISIANA WING  
UNITED STATES AIR FORCE AUXILIARY  
8550 LLOYD STEARMAN DR. SUITE 118  
NEW ORLEANS, LOUISIANA 70126-8034

REIMBURSEMENT REQUEST/APPROVAL

**FROM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**TO:** FINANCE OFFICER, LA WING

**CERTIFICATION:**  
I certify that the attached receipt(s) cover approved expenditures from personal funds. Please reimburse \$ \_\_\_\_\_ to me. Invoice(s) attached covered the item(s) listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Members Signature

DO NOT WRITE IN THIS BLOCK. FOR OFFICE USE ONLY

REQUEST HAS BEEN REVIEWED AND IS APPROVED \_\_\_\_\_