Maryland Wing Civil Air Patrol Travel Authorization/Voucher

1. DATE REQUEST SUBMITTED:	
2. E-MAIL ADDRESS:	
3. NAME (LAST, FIRST, MIDDLE INTIIAL)	
4a. ADDRESS - NUMBER AND STREET	
4b. CITY	4c. STATE / 4d. ZIP
5. TELEPHONE NUMBER (INCLUDE AREA CODE)	6. CAP Unit MER-MD-
7. PURPOSE OF TRAVEL	8a. CASH ADVANCE REQUESTED _____ YES _____ NO / 8b. AMOUNT $
9. ITINERARY	

	9a. DATE(dd mmm yy)	9b. PLACE (City & State)	9c. MEANS/MODE OF TRAVEL	9d. REASON FOR STOP	9e. POC MILES
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					

9f. NUMBER OF MEALS PROVIDED	BREAKFAST:	LUNCH:	DINNER:

SUBMITTED TO MDWG FINANCE COMMITTEE FOR APPROVAL	YES	NO	DATE
FINANCE COMMITTEE APPROVAL RECEIVED (attach copy)	YES	NO	DATE
CASH ADVANCED APPROVED	YES	NO	AMOUNT

10. EXPENSES

10a. DATE (dd mmm yy)	10b. EXPENSE DESCRIPTION	10c. AMOUNT	10d. Payment Method (Cash/ Wing Credit Card)

11. Mileage Calculation _____ miles _____ cents per mile = $

12a. BUSINESS TELEPHONE EXPENSE	12b. INTERNET EXPENSE	12c. TOTAL 12a + 12b	
		SUBTOTAL OF EXPENSES	
		CASH ADVANCE RECEIVED	
		AMOUNT TO BE REIMBURSED TO MEMBER	
		AMOUNT TO BE REPAID TO MARYLAND WING (Reimbursements to Wing must be paid within ten (10) days of travel completion.	

13a. CLAIMANT SIGNATURE	13b. DATE
14a. REIMBURSEMENT APPROVAL	14b. DATE

A PHOTOCOPY OF ALL RECEIPTS MUST BE ATTACHED (Originals remain with member.)

MDF40 (1 NOV 2013)