



HEADQUARTERS INDIANA WING  
REIMBURSEMENT REQUEST  
INWGF 25, 01 OCT 2006

Submission date: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

National Control #: \_\_\_\_\_ Wing Control #: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Description of items purchased:

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

As requestor, I am approving the above amounts to be paid:

\_\_\_\_\_, date \_\_\_\_\_  
Printed name of requestor                      Signature

As section head, I am approving reimbursement / payment:

\_\_\_\_\_, date \_\_\_\_\_  
Printed name of section head                      Signature

Received by Finance Section,                      Date: \_\_\_\_\_  
Finance Committee Approval (if required),      Date: \_\_\_\_\_  
Paid Date: \_\_\_\_\_                              Check No. \_\_\_\_\_

*Guidelines for Requesting Reimbursement*

- All requests must be submitted on INWGF 25, 01 OCT 06.
- All requests must include original receipts or invoices.
- All requests must be signed by requestor and appropriate section head.
- Any amount \$150 or higher must receive Finance Committee PRE-APPROVAL.
- Non-expendable items must be PRE-APPROVED by the Finance Committee.