



# HEADQUARTERS, INDIANA WING IN WG FORM 925 REIMBURSEMENT REQUEST

This form will be submitted in accordance with IN WG Finance Committee approved financial reimbursement policy letters.

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

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

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

Address \_\_\_\_\_

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

City State Zip

Description of items purchased (include section requesting, Wing budget line item or other justification.)

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

\_\_\_\_\_  
Printed name of requestor Signature Date

As an Invoice Approval Authority, I am approving reimbursement/payment:

\_\_\_\_\_  
Printed name of Approval Authority Signature Date

As an Invoice Approval Authority, I am approving reimbursement/payment:

\_\_\_\_\_  
Printed name of Approval Authority Signature Date

*Guidelines for Requesting Reimbursement*

All requests must be submitted on IN WG F 925, 13 Jan 15

All requests must include original receipts or invoices

All requests must be signed by requestor and two authorized signers (See INWG FMP#1 for list of authorized signers)

**Any amount \$1500 or higher must receive Finance Committee PRE-APPROVAL**