INDIANA WING CIVIL AIR PATROL - TRAVEL VOUCHER

1. NAME: (Last, First, Middle Initial)	2. ALL CHARGES ON WING CREDIT CARDS? ☐	3. UNIT CHARTER NO.:

4a. ADDRESS:	4b. CITY:	4c. STATE:	4d. ZIP:

5. TELEPHONE NO. (Include Area Code):	6. PURPOSE OF TRAVEL:	7. E-MAIL ADDRESS:

☐. Auth. airfare in lieu of mileage
(cost of ticket 21 days in advance)

9. Previous pymts/advances:		10a. Total Days of Trip:		10b. Authorized Lodging Rate:	

11. ITINERARY *(You do not need to include airport layovers unless you stayed the night at that location)*

11a. Date (mm/dd/yy)		11b. Place (City & State)	11c. Mode of Travel
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		

12. REIMBURSABLE EXPENSES (Additional expenses, comments, etc can be added in shaded area below)

12a. Date (mm/dd/yy)	12b. Expense Description	12c. Corp CC Charges	12d. Cash or Personal CC
	Airfare		
	Lodging (Hotel, taxes, internet & hotel parking fees)		
	Baggage Fees		
	Fuel Expense		
	Airport Parking fees		
	Taxi/Shuttle/Metro/Tolls		
	Internet		
		$ -	$ -

FOR INWG/FM USE ONLY SUMMARY OF EXPENSES

	Submitted Expenses	FM Adjustments
REIMBURSABLE	$ -	$ -
TOTAL	$ -	$ -
LESS ADVANCE	$ -	
AMOUNT DUE	$ -	

Reimbursable Adjustments

Total (reported in Line 28)

19. TRAVELER'S NOTES

FM COMMENTS

TOTAL TRIP COSTS	Corp CC	Reimbursable	To
	$ -	$ -	$

20a. CLAIMANT SIGNATURE:		20b. DATE:	
Reviewed by:		Audited by:	$

INDIVIDUALS WHO FAIL TO TURN IN THEIR TRAVEL VOUCHERS WITHIN 20 DAYS AFTER THE TRIP WILL NOT BE REIMBURSED.

SUBMIT COMPLETED VOUCHER TO: WA@INWG.CAP.GOV

INWG F 929