

New York Wing Civil Air Patrol Invoice Approval Form

Forms are to be typed or computer generated only

Date of Invoice: _____ Date Form Submitted: _____

Vendor Invoice #: _____ Wing Work Order #: _____

Vendor to be Paid: _____

Name

Street

City, State, Zip

In Payment for: _____

Approved to Pay: _____ Date: _____

Signature of Group Commander, Maintenance Officer or Designee

Signature of Wing Maintenance Officer or Designee

Signature of Wing Commander, Finance Officer or Designee

Notice: All invoices and receipts must be attached to this request. Invoices sent to CAP National HQ directly by vendor will not be paid until vendor reissues in the name of New York Wing. Bills not approved by New York Wing HQ in advance will not be reimbursed, and are the sole responsibility of the unit incurring the charge.

For Wing Headquarters use only

Paid: Wing Check #: _____ Date: _____

Denied: Reason: _____

Attach additional page if more detail required

Who Contacted: _____ Date: _____

Signature of Wing Commander, Finance Officer or Designee

