

NH WING CIVIL AIR PATROL  
REQUEST FOR TRAVEL REIMBURSEMENT

Date: \_\_\_\_\_

Squadron: \_\_\_\_\_

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mileage: \_\_\_\_\_

Amount: \_\_\_\_\_ = Mileage x .485 dollars

Purpose of Travel: \_\_\_\_\_

Beginning Location: \_\_\_\_\_

Ending Location: \_\_\_\_\_

Vehicle License Plate: \_\_\_\_\_

APPROVED: \_\_\_\_\_

\_\_\_\_\_

Two signatures required if over \$250.00