

**WA WING CIVIL AIR PATROL FINANCE REQUEST FOR ADVANCE FUNDS**

**ACTIVITY INFORMATION**

Unit Charter No. & Name:			
Activity or Purpose:		Date:	
Requestor Name:			
Requested Advance Account:	Wing Funds <input type="checkbox"/>	Unit Funds: WA-_____ <input type="checkbox"/>	
Requested Advance Funds Amount:	\$ _____	Needed by date:	

**Authorization Agreement**

I have requested the amount indicated above for the sole purpose of payment to (other CAP Member or self):

for (enter activity name/expenditure reason):

**I UNDERSTAND THAT ANY UNUSED OR UNVERIFIED AMOUNT OF THE ADVANCE WILL BE REPAID IN FULL AT THE TIME OF FILING EITHER IN THE FORM OF A PERSONAL CHECK OR MONEY ORDER TO BE DEPOSITED INTO THE APPLICABLE ACCOUNT OR AUTHORIZED DRAW BACK FROM THE UNIT FUNDS ACCOUNT. I UNDERSTAND AND AGREE TO OBTAIN AND RETAIN ALL ITEMIZED RECEIPTS FOR ALL EXPENDITURES OF CASH. I AGREE TO PROVIDE AN EXPENSE STATEMENT (SEE REVERSE) WITH ITEMIZED RECEIPTS TO WING WITHIN TEN (10) DAYS OF THE COMPLETED ACTIVITY.**

**Requestor Signature:**

I certify the requestor above must have an advance to fund the aforementioned activity. The requestor has been counseled as to the requirements to repay any unused or unverified portion of the advance. **Enter Unit (wing, group, sqdn, flight) commander or authorized designee's printed/typed name and signature. If CC is requestor, then enter an authorized designee IAW CAPF 172 authorization.**

Printed Name:

Signature:

**For unit fund advances only:** If the amount of request for advanced funds is in excess of \$500, a majority of unit finance committee approval signatures must be obtained below.

Printed/Typed Name & Signature:

Printed/Typed Name & Signature:

Printed/Typed Name & Signature:

Printed/Typed Name & Signature:

Printed/Typed Name & Signature:

**WING FM USE ONLY**

Unit Funds WA-_____: <input type="checkbox"/> Wing Funds <input type="checkbox"/>	Advance Amount Received: \$	
<b>Wing Staff Approval (for Wing Funds):</b> Printed/Typed Name & Signature:	Less Amount Used & Verified: \$	
	Amount due to <input type="checkbox"/> / owed by <input type="checkbox"/>	
	Requestor: \$	

## INSTRUCTIONS

### GENERAL GUIDELINES FOR COMPLETING THE WAWG F33 REQUEST FOR ADVANCE FUNDS

- This form is for use by wing members to request an advance of funds prior to an activity or purchase when the member hasn't obtained a receipt or invoice yet.
- This form applies to all WA Wing accounts whether for unit or wing funds.
- Members must file an expense statement in the section below and include the original itemized vendor receipt within **10 days** of the activity or expenditure, not to exceed **60 days** from the date of the advance payment. If unused funds remain from the advance, then include a personal check or money order payable to WA Wing CAP. For unit funds accounts include a WAWG F32. If the expenditure exceeded the advance amount, then include a properly completed check request using the WAWG F31 (Unit funds) or WAWG F34 (Wing funds) for reimbursement if desired.
- This form must be submitted no later than 21 days prior to the date of the event.
- An event budget must be attached with this form.

### ACTIVITY INFORMATION SECTION

- Enter Unit Charter Number and Unit Name of the requestor.
- List the name of the activity or reason for the expenditure.
- List the planned date of the activity.
- Enter the Requestor's Name.
- Check the applicable account you're requesting funds from. Enter unit charter number for Unit Funds.
- Enter the Requested Advance Funds Amount.
- Enter the date you wish to receive the advance by.

### AUTHORIZATION AGREEMENT SECTION

- Enter the individual's name or "Self" if advance is for the requestor.
- Give a detailed explanation of what the purchase is for.
- Requestor and unit commander (CC) must print/type name and sign. If the requestor is the unit CC, then a finance committee member designated on the CAPF 172 must sign instead.
- For Wing Banker Unit Funds Advances over \$500.00, a majority of the required finance committee's approval signatures as shown on the unit CAPF 172 must be obtained.

### WING FM USE ONLY SECTION

- Leave this section blank.

### EXPENSE STATEMENT

Vendor	Description/Purpose	Date of Expense	Amount
<b>TOTAL \$</b>			