



# Nevada Wing Civil Air Patrol FORM 173-3 CHECK REQUEST WORKSHEET



- **Incomplete check request forms or missing/incomplete receipts will not be processed.**
- **Reimbursement requests over 60 days from expenditure will not be honored as per CAPR 173-1, para 18.**
- Submit this worksheet along with itemized receipts to the Nevada Wing Administrator at: [SBrewer@capnhq.gov](mailto:SBrewer@capnhq.gov)
  - Legible copies of DETAILED and ITEMIZED receipts, invoices or bills are required for all reimbursements.
  - Provide a clear and detailed description of each line item expense. (e.g. *Equipment, Supplies, Food, Postage, AE, ...etc*; List the purpose, event or activity. Items purchased for resale must be noted. Expenses against Restricted Donation Funds must be tracked and noted.
- Reimbursements will be processed in accordance with CAPR 173-1, CAPR 173-3, and Nevada Wing Publications.

**Pay me by: Check**

**Pay me by: Zelle®**

Name of Unit Paying the Request: \_\_\_\_\_

Name or Company to be Paid: \_\_\_\_\_

Date: \_\_\_\_\_ CAPID: \_\_\_\_\_ Rank or Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DESCRIPTION OF EXPENSE - <i>MUST BE DETAILED &amp; ITEMIZED</i>	Vehicle or Aircraft #	AMOUNT
<i>*Attach additional sheets if needed*</i>		<b>Total Amount Requested</b>

Name/Grade of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Tip\*\* For best results before emailing select "Save As" or Print File"

Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Text \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Text \_\_\_\_\_

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Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Text \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Text \_\_\_\_\_

## Instructions for completing the NVCAPW 173-3

1. **Incomplete check request forms or missing/incomplete receipts will not be processed.**
2. **Reimbursement requests over 60 days from expenditure will not be honored as per CAPR 173-1, para 18.**
3. **All Travel expenses (registrations, fuel, lodging, airfare,...etc.) Must be submitted on a Travel Voucher instead of the Check Request Worksheet.**
4. All requests regardless of amount will be approved via DocuSign.
  - a. Email the completed form plus all documentation (invoices, receipts, etc.) to the Wing Administrator at [SBrewer@capnhq.gov](mailto:SBrewer@capnhq.gov)
  - b. The **preferred** method of submission is email with the check request worksheet and documentation attached as .PDF documents.
  - c. The Wing Administrator will quality-check the package and upload it to DocuSign for approval by the Finance Officer and Commander.
  - d. Requests over \$500.00 will require finance committee approval.
  - e. When all required approvals have been received, the Wing Administrator will either reimburse via Zelle<sup>®</sup> or issue a reimbursement check based on the box checked.
5. Itemize each expense, list multiple Chart of Account codes separately if purchases are for multiple events or for different Chart of Accounts.
  - a. Provide a clear and detailed description of each line item expense. (e.g. equipment, supplies, postage, awards, scholarships, shirts purchased for resale, facility repair from restricted donation funds, ...etc)
  - b. Items purchased for resale must be noted.
  - c. List activities or events to track and associate the expense. (e.g. AE activity, fuel for bivouac, supplies for color guard competition, food for snow-cone fundraiser, ...etc)
  - d. Expenses against Restricted Donation Funds must be tracked, noted, and expensed within the fiscal year they were earned.
6. The worksheet automatically totals all entries. The reimbursement total can be less but must not be more than invoice/receipt totals.
7. Do not co-mingle funds between personal purchases and CAP purchases. Pay separately!
8. If advance funds are needed to fund an activity (i.e. Cadet Encampments or Fundraising), or for any advance payment requests, the requester must prepare a Check Request stating the particulars. The requester assumes all liability for all advanced funds and submit receipts immediately (within 5 days of the completion of the event). The requester of advance funds will be included in the DocuSign approvals and his/her approval indicates acceptance of this liability.
9. To avoid delays and denials, please submit your reimbursement request through your Unit Finance Officer.
10. Reimbursements will be processed in accordance with CAPR 173-1, CAPR 173-3, and Nevada Wing Publications.