Fillable Form Instructions



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IAWG Form 10A Wing Headquarters Check Request Fillable

This check request form is to be used when the check needs to be issued by the Wing.

RESET FORM	Press this button to all data from the form
Unit Charter	Enter the Charter Number for the Wing/Unit
Request Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Requested By	Enter your name, rank and CAPID
Phone	Enter your telephone number
Purpose	Briefly describe the purpose of the check
Payee	Enter the name of the company or individual to whom the check will be payable
Address	Enter the complete mailing address for the Payee
Total	This field is automatically calculated based on the Funds Allocation entries
For each line of the Funds Allocation	
Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Description/Purpose	Enter a brief description of the expense
Chart of Accounts	Click in the Chart of Accounts field and a down arrow will appear at the right of the field; Click the down arrow and scroll through the list to select the appropriate account number.
Amount	Enter the amount
Actions and Approvals	
Approver	Enter the name, rank and duty assignment of each individual to approve this check request

Attach the receipt(s)/invoice(s) to this Check Request and email to the Wing Bookkeeper to obtain signatures through DocuSign.

NOTE: If more than one receipt/invoice is attached, be sure each receipt/invoice is listed in the Funds Allocation section separately. Up to 7 receipts/invoices can be listed and attached.

NOTE: If the Total Amount exceeds $1,500, Finance Committee Minutes approving the expenditure must be attached to the request.

IAWG Form 10B Wing Banker Check Request Fillable

This check request form is to be used when the check needs to be issued by the Wing Banker account for or on behalf of a specific Squadron/Unit.

RESET FORM	Press this button to all data from the form
Unit Charter	Enter the Charter Number for the Wing/Unit
Request Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Requested By	Enter your name, rank and CAPID
Phone	Enter your telephone number
Purpose	Briefly describe the purpose of the check
Payee	Enter the name of the company or individual to whom the check will be payable
Address	Enter the complete mailing address for the Payee
Total	This field is automatically calculated based on the Funds Allocation entries
For each line of the Funds Allocation	
Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Description/Purpose	Enter a brief description of the expense
Chart of Accounts	Click in the Chart of Accounts field and a down arrow will appear at the right of the field; Click the down arrow and scroll through the list to select the appropriate account number.
Amount	Enter the amount
Actions and Approvals	
Approver	Enter the name, rank and duty assignment of each individual to approve this check request

Attach the receipt(s)/invoice(s) to this Check Request and email to the Wing Bookkeeper to obtain signatures through DocuSign.

NOTE: If more than one receipt/invoice is attached, be sure each receipt/invoice is listed in the Funds Allocation section separately. Up to 7 receipts/invoices can be listed and attached.

NOTE: If the Total Amount exceeds $1,500, Finance Committee Minutes approving the expenditure must be attached to the request.

IAWG Form 10C Authorization Fillable

Use this form when the amount of a Wing Banker Check Request exceeds $500 for a Squadron/Unit.

RESET FORM	Press this button to all data from the form
Unit Charter Number	Enter the Charter Number for the Unit
Request Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Requested By	Enter your name and rank
CAPID	Enter your CAPID
Payment To	Enter the name of the company or individual to whom the check will be payable
Phone	Enter your telephone number
Payment For	Briefly describe what the payment is for
Payment Address	Enter the complete mailing address for the Payee
Total Amount	Enter the total amount of the expense
For Approvals	
Unit Commander	Enter the name of the Unit Commander
Unit Finance Officer	Enter the name of the Unit Finance Officer
Wing Finance Director	Enter the name of the Wing Finance Director

Attach this form to the Check Request, along with a copy of the Finance Committee Meeting Minutes approving the expense and send to the Wing Bookkeeper to obtain approvals through DocuSign.

IAWG Form 10D Deposit Advice Fillable

RESET FORM	Press this button to all data from the form
Unit Charter Number	Enter the Charter Number for the Unit
Date of Deposit	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Unit Charter Name	Enter the name of the Squadron
Total Amount	This field is automatically calculated based on the Funds Allocation entries
For each line of the Funds Allocation	
Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Received From and Description	Enter the name from whom the funds were received and a brief description (contribution, purchase, etc)
Chart of Accounts	Click in the Chart of Accounts field and a down arrow will appear at the right of the field; Click the down arrow and scroll through the list to select the appropriate account number.
Amount	Enter the amount
Actions	
Submitted By	Enter your name and rank
CAPID	Enter your CAPID
Phone	Enter your telephone number

Attach copies of each check, the deposit slip and the deposit receipt to this form and email to the Wing Bookkeeper with a copy to the Wing Finance Director. Be sure to include the word ENCRYPT in the subject line of the email.

When a Greater Iowa Credit Union facility is not local, scan copies of this Deposit Advice and all checks to be deposited and email to the Wing Bookkeeper with a copy to the Finance Director (being sure to include the word ENCRYPT in the subject line of the email). Then mail the original Deposit Advice and checks and/or cash to: Civil Air Patrol, Iowa Wing, PO Box 1002, Johnson, IA 50131.

IAWG Form 10E Transfer Request Fillable

The Transfer Request form is used whenever funds need to be transferred from a Unit to the Wing, Wing to a Unit, Unit Checking to Unit Savings, etc.

RESET FORM	Press this button to all data from the form
From Charter Number	Enter the Charter Number for the Wing/Unit
Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
To Charter Number	Entr the Charter Number for the Wing/Unit to receive the funds
Total Amount	This field is automatically calculated based on the Funds Allocation entries
Submitted By	Enter your name and rank
CAPID	Enter your CAPID
Phone	Enter your telephone
Purpose	Describe in detail the reason and purpose for the transfer
For each line of the Funds Allocation	
Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
Description	Enter a brief description of the expense
Chart of Accounts	Click in the Chart of Accounts field and a down arrow will appear at the right of the field; Click the down arrow and scroll through the list to select the appropriate account number.
Amount	Enter the amount
Actions and Approvals	
Approver	Enter the name, rank and duty assignment of each individual to approve this check request

NOTE: All transfers from a Unit to the Wing, must be approved by the Unit Commander, Unit Finance Officer, and the Wing Finance Director. Transfers from the Wing to a Unit, must be approved by the Wing Commander, Wing Finance Director, and Unit Finance Officer.

IAWG Form 173a Request for Travel Authorization Fillable

A Request for Travel Authorization is required for all CAP business travel when the round trip travel exceeds 100 miles and/or an overnight stay occurs.

NOTE: All actual expenses incurred must be submitted within sixty (60) days of the expense. Failure to do so in the allotted time will result in those expenditures not being reimbursed.

RESET FORM	Press this button to all data from the form
Requester Name	Enter your name and rank
Date	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date.
CAPID	Enter your CAPID
Phone	Enter your telephone number
Squadron	Enter the name of your Squadron
Date of Travel	
From	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date the trip will begin
To	Click in the date field and a down arrow will appear at the right of the field; Click the down arrow and select the date the trip will end
Trip Information	
Origination Point	Describe the origination point
Destination	Describe the destination
Reason for Travel	Describe the reason for travel
Travel Mode	Check car/van or air
Mode Type	Check personal vehicle, corporate vehicle or commercial vehicle
Overnight Stay	Check yes or no for overnight stay
Justification	If Overnight Stay is checked yes, then enter the justification for such overnight stay
Estimated Cost	Enter the estimated total cost

Submit the completed form to the Wing Bookkeeper to obtain necessary approvals. A copy of the approved Request for Travel Authorization will be returned to you.