IOWA WING HEADQUARTERS
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO Box 1002
Johnston, IA 50131

RESET FORM

REQUEST FOR TRAVEL AUTHORIZATION

Requester Name: **Date:**

CAPID: **Phone:** **Squadron:**

Dates of Travel - **From:** **To:**

Trip Information - **Origination Point:** **Destination:**

Reason for Travel:

Travel Mode: [ ] Car/Van [ ] Air

Mode Type: [ ] Personal Vehicle [ ] Corporate Vehicle [ ] Commercial Vehicle

Overnight Stay: [ ] Yes [ ] No **Justification:**

Estimated Cost:

NOTE: If actual costs exceed estimated costs, an additional Travel Request must be filed.

By signing below, I agree to submit all actual expenses incurred within sixty (60) days of the expense and understand that failure to do so in the allotted time will result in those expenditures not being reimbursed.

Signature of Requester *Date*

Wing Commander Approval *Date*

Wing Finance Director Approval (required when request exceeds $1,500) *Date*

Complete and email this form to the Iowa Wing Bookkeeper
at imatthews@iawg.cap.org for Docusign approvals.