


Travel Reimbursement Policy



Commercial Air Travel Reimbursement

- ✓ **Non-Refundable, Main Cabin , Basic Economy**
- ✓ **Lowest cost, round trip ticket**
- ✓ **Purchased at least 21 days in advance**
- ✓ **Travel dates must align with the Activity attending**
- ✓ **Unaccompanied minor fees can be reimbursed**
- ✓ **One checked bag fee can be reimbursed, each way**

**ALL TRAVEL REIMBURSEMENT MUST BE SUBMITTED WITHIN 2 WEEKS OF ACTIVITY END DATE.
LATE REQUESTS WILL NOT BE ACCOMODATED.**



Air Travel Receipt

Printed: 1/17/2022 8:20:34 PM

United Airlines Flight Booking -

Airline Reference

SBA to KOA	Tue, 1 Feb 2022
United Airlines	06:00 - 13:09
Economy - Non-Refundable	9h 9m
KOA to SBA	Sun, 6 Feb 2022
United Airlines	10:00 - 20:43
Economy - Non-Refundable	10h 43m

Passenger Name:	Confirmation:	Status:
Smith, John	KRTQDO	Ticketed

Receipts should include the purchase date, name of the traveler, itinerary for travel which includes dates and times, departure and arrival airports, and fare class or description. We cannot reimburse tickets purchased with points/awards.

Base Fare	309.91
Taxes	65.69
Total	375.60
Booking Fee	14.00
Total	389.60

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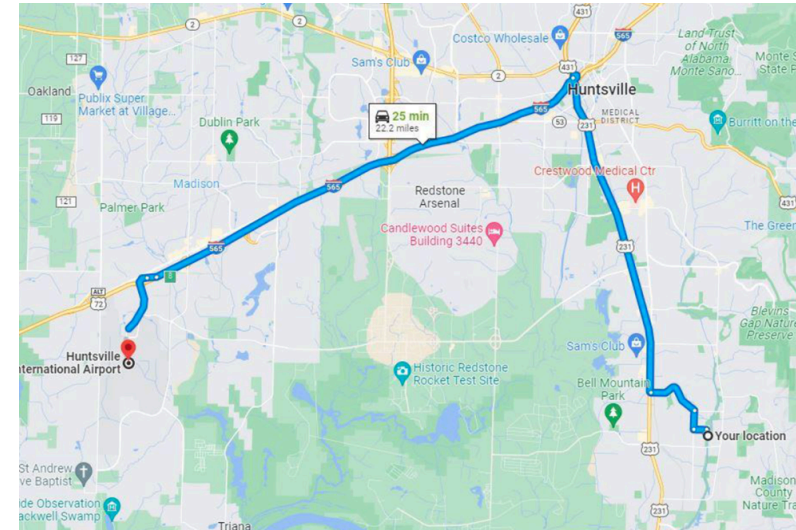


Ground Travel Reimbursement

- ✓ Mileage reimbursement up to the lowest cost, non-refundable, round trip plane ticket
- ✓ Must provide Google Map, to and from the Activity location
- ✓ If traveling by train or bus, submit receipt

Receipts should include the purchase date, name of the traveler, itinerary for travel which includes dates and times, departure and arrival airports, and fare class or description.

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Travel Reimbursement Policy



National Headquarters Civil Air Patrol
United States Air Force Auxiliary
Maxwell AFB, Alabama 36112-5937

EFT/CHECK REQUEST

DATE:

CHECK TO:
ADDRESS:

EMAIL or PHONE:

AMOUNT:

PURPOSE:

Cadet Lift or TOP Travel Reimbursement

CP or FM to provide Account #

DISTRIBUTION:	ACCOUNT NUMBER:	AMOUNT:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL		\$ 0.00

REQUESTED BY: **TITLE:**

APPROVED BY: **TITLE:**

Fill out the highlighted portion of the payment request form
Fill out Direct Deposit information, if requesting electronic transfer (EFT)

Submit with receipts

Use naming convention: yourlastname_CAPID_ItemName
(Ex. Jones_648513_BaggageReceipt or Jones_648513_GoogleMap)

Upload to dropbox

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Payment Forms



Dropbox