



NEW YORK WING SUPPLEMENT 1

CAP REGULATION 173-1

31 January 2023

APPROVED/K.BAKER/CAP/FM

FINANCIAL MANAGEMENT

FINANCIAL MANAGEMENT PROCEDURES

**CAP Regulation 173-1 dated 15 Nov 2012 (includes ICL 17-02 15 Mar 2017) is supplemented as follows. This supplement applies to New York Wing Headquarters and all subordinate units:**

**20.b.(1)** The NY Wing Commander does not authorize credit cards for units below wing level.

**24.a. Added.** NYWF 173-T, Staff Travel Authorization Request will be used by wing staff officers to request authorization to travel on behalf of NY Wing and list expenses expected to be incurred. Request will be routed through the Chief of Staff and Director of Finance. Staff officer reimbursement will be requested on NYWF-80 as outlined below in Section 33 c. (4).

**33. Added.** NY Wing Finance Forms

**33.a. Added.** All NY Wing finance forms and documents are stored online on the New York Wing Website at <https://nyw.cap.gov/fm> . Members should check this site for the most current versions and destroy all obsolete documents.

**33.b. Added.** Submitting finance documentation to NY Wing Finance Department.

**33.b.(1) Added.** The preferred method of submission of finance forms and documentation to NY Wing Finance Department is by email to: [alipson@capnhq.gov](mailto:alipson@capnhq.gov) .

**33.b.(2) Added.** Regular mail (First Class US Postal Service) may be used but will add several days to processing time. Mail finance documents to:

Civil Air Patrol - NY Wing / FM  
24 Loop Road, Building 1  
White Plains, NY 10604

**33.c. Added.** The following forms allow NY Wing Finance Department to document, process and approve finance transactions and maintain adequate financial records and controls IAW CAPR 173-1.

**33.c.(1) Added.** NYWF-173-C, Wing Check Request For Units Below Wing Level, used by units to request that the wing banker issue a check from the unit's funds or transfer money to another CAP unit.

**33.c.(2) Added.** NYWF-173-D, Wing Deposit Advice For Units Below Wing Level, used by units to document deposits into the unit's account. Advice will be submitted with supporting documentation.

**33.c.(3) Added.** NYWF-173-F, Fund Raising Request, used by units to request approval of fundraising activity IAW CAPR 173-4. Deposit Advice Form, NYWF173-D, is submitted with supporting documentation to Wing Finance to ensure that deposited funds are credited to the proper unit's account in QuickBooks.

**33.c.(4) Added.** NYWF 80, Wing Staff Check Request, is submitted by wing staff members to obtain reimbursement for expenditures or to request a check be issued to a vendor to pay for NY Wing Headquarters purchases.

JOHN JONES, Col, CAP  
Commander

**Attachment 1 - COMPLIANCE ELEMENTS**

<b>Checklist and Tab</b>	<b>#</b>	<b>Compliance Question</b>	<b>How to Verify Compliance</b>	<b>Discrepancy Write-Up</b>	<b>How to Clear Discrepancy</b>
DA	15	15 Are wing forms properly published in a wing supplement?	Verify compliance by ensuring that all forms are noted in a Supplement or OI.	(A-Discrepancy): [xx] (D4 Question 15) Wing failed to properly publish forms IAW CAPR 1-2 para 8.4. NOTE: Use sub-bullets to specify the forms in question	Attach a copy of the prescribed official directive publication or documentation that the form has been rescinded to the discrepancy in the Discrepancy Tracking System (DTS)

**ATTACHMENT 2 – NYW FORM 80 -- Wing Staff Check Request**



**New York Wing Civil Air Patrol  
Wing Staff Check Request**

This form shall be used by NYW STAFF ONLY for NYW incurred bills or reimbursement of expenditures to staff member(s) made on behalf of New York Wing.

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Make payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_  
(Name if different than above)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

In payment for: Aircraft/Vehicle ID \_\_\_\_\_ Mission #: \_\_\_\_\_ Date: \_\_\_\_\_

Description of expense:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

**Notice: All invoices and receipts must accompany this request**

**For Headquarters use only**

Approved

Denied  Reason: \_\_\_\_\_

\_\_\_\_\_

Print: \_\_\_\_\_  
(Name, rank, Title)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT 3 – NWF FORM 173-C  
Wing Check Request for Units Below Wing Level**

NEW YORK WING CHECK REQUEST  
FOR UNITS BELOW WING LEVEL

**DATE ON RECEIPT:**  **This should not exceed 60 days old**

UNIT NAME  SQUADRON NUMBER:

ISSUE CHECK TO:  
NAME OR COMPANY:

STREET ADDRESS OR PO BOX:

CITY, STATE ZIP

E-MAIL ADDRESS

PHONE

ITEMIZED EXPENSES:

	DESCRIPTION	ACCOUNT NUMBER:	AMOUNT
LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT OF CHECK  \$0.00

**IF CHECK REQUEST EXCEEDS \$499.99 FINANCE COMMITTEE APPROVAL SECTION MUST BE COMPLETED**

**PRINT OR TYPE UNIT COMMANDER'S NAME:** \_\_\_\_\_

UNIT COMMANDER SIGNATURE:  DATE:

**PRINT OR TYPE UNIT FINANCE MEMBER WHO IS APPROVING:** \_\_\_\_\_

APPROVAL SIGNATURE:  DATE:

NYWgF 173C (Jun 12)

**ATTACHMENT 4 – NWY FORM 173-D**  
**Wing Deposit Advice for Units Below Wing Level**

NEW YORK WING DEPOSIT ADVICE  
FOR UNITS BELOW WING LEVEL

[Instructions for NYWF173D](#)

1) DATE :  2) DATE OF DEPOSIT:

3) UNIT NAME:  4) UNIT NUMBER:

ITEMIZED LIST OF DEPOSITS:  
RECEIVED FROM

	ACCOUNT NUMBER	DESCRIPTION	CHECK # OR CASH	TAIL #	AMOUNT
LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL					\$ <input type="text"/> -

NYWF173D (Jun 16) - Previous editions will be obsolete as of 1 October 2016



**Instructions for Use of NYWF173-D –  
New York Wing Deposit Advice for Units below Wing Level**

1. This form is to be submitted to the Wing Senior Administrator ([nywingfinance@gmail.com](mailto:nywingfinance@gmail.com)) along with a copy of the bank receipt to verify deposit of funds into the unit bank account.
2. Enter date form completed
3. Enter date of deposit at bank (on copy of deposit slip)
4. Enter unit NAME
5. Enter unit Charter number (NYxxx)

***Under Itemized list of deposits:***

1. Enter name of person, business, organization, etc. monies received from. Each person, etc., should be listed individually on Lines 2-12. If more than 12, begin a new form. Please ensure the grand total is on the last page.
2. Enter the account number from the list below that indicates where the money came from, ie: 5310012 (Membership dues), 5225201 (Proficiency flying aircraft maintenance rate), etc. List is second sheet on the excel spreadsheet.
3. Enter description of where money came from: if dues for cadet, list cadet's name as it may differ from parent
4. If check is deposited, list check #. If cash was deposited, indicate as such.
5. If money received is for aircraft maintenance fee, list tail # of aircraft flown.
6. List amount received.
7. List total amount deposited at bottom of last column on right.
8. Total on the bank receipt must match the total on the NYWgF173D.
9. If monies received are a donation (NOT grant), please include full name of company or individual, address, amount and date of donation in email. You must copy the NYW Director of Administration for *these* deposits only, so a Donation Receipt can be mailed to the contributor. Donation Receipts can **only** be sent from the NYW Director of Administration.

**ATTACHMENT 5 – NWF FORM 173-F  
Fund Raising Request for Units Below Wing Level**

	<h2 style="margin: 0;">NEW YORK WING FUNDRAISING REQUEST</h2>	
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<b>Type of Fundraising Event</b>	
<b>Describe Structure of Fundraising Event</b> <small>[Ex. If sales event: identify Vendor, describe Product, who purchases Product, what is the % of profits to be earned by the Unit.]</small>	
<b>Start &amp; End Dates of Event</b>	
<b>Place of Event</b>	
<b>Purpose &amp; Use of Funds Raised</b>	
<b>Name of Safety Officer Assigned</b>	

*List of All Units Participating & Receiving Monies from Fundraising Activity*

Unit #	Unit Name

Approvals	Signature	Date
Requested By: [Print & Sign Name]	Sign	
	Print	
Endorsed by Group CC:	Sign	
	Print	
Legal Officer Review: [when applicable]		
Approved by Wing CC:		



**ATTACHMENT 6 – NYW FORM 173-T -- Staff Travel Authorization Request**

NYW OI 173-1 ATTACHMENT 1 01 JULY 2020

**Attachment 1: New York Wing - Staff Travel Authorization Request**

Complete all sections and email through your chain of command at least 14 business days prior to departure. Completed forms will be sent to the NYWG Chief of Staff.

Name and Grade:		Date:	
CAP ID:		Assignment:	
Travel location:		Registration Cost:	
Total number days of trip (include travel days):			
Departure date:			
Departing from:			
Method of travel:		Estimated Travel Cost:	
<a href="#">Click here</a> or enter link ( <a href="http://www.gsa.gov/portal/category/100120">http://www.gsa.gov/portal/category/100120</a> ) for GSA per diem rates for destination.			
Enter rate for lodging:		Enter rate for meals:	
Name of lodging:		Number of nights of lodging:	
Point of contact:		Phone number:	
Purpose and justification:			
Chief of Staff Approval:		Date:	
Finance Officer Approval:		Are funds available? Yes <input type="checkbox"/> No <input type="checkbox"/>	Account:
Finance Committee Approval:		Date:	
Wing Commander Approval		Date:	
Please attach itinerary and any other pertinent documents			

NYWForm-173-T

Supersedes: All previous versions as of July 2020

Distribution: NYW Website

OPR:FM  
Approved by NYWG/CC