SOU	TH DAKOTA CIVIL AIR	PATROL						
SDW	/F-173 - 1 DEPOSIT / RI	EIMBURSEMENT I	FORM					
			equest return this form			to:		
		ng CAP HQ, 4275 Air <sub> </sub> rkuecker@capnhq.gov	port Road, Suite A, Rap For Questions	-				
#1	L-iliali.		DEPOSITS	Caii. 003-33	73-42 13			
π1	A clear copy of the check(s) and deposit slip must be attached							
	Deposit Information							
	Who is the Money Going To:							
	Deposit Date:							
	-	Deposited by:						
	Cell Phone:							
	E-mail:							
					ļ			
	Name on Obselven							
	Name on Check or Fundraiser	Description Check #			Cash	Date	Amount	
1			•					
2								
3								
4								
5								
				Sub-total f	rom att	achments:		
	TOTAL (must agree with deposit slip):							
#2		CHE	CK REQUEST					
		Attach detai	led receipts and invoice	<u>es</u>				
Issue			Requested by	:				
(whom are we paying) Street		Date needed:						
	City, State, Zip							
	Oity, State, Zip	(Mark "X" for	E-mail					
		Wg Paid)	Phone					
Who's	s Paying Squad.	or Wing	WMIRS msn/sortie	:				
	Receipt From	Description			[	Date	Amount	
1								
2								
3								
4								
5								
Request for payment must be submitted within 60 days Sub-total from attachments:								
Amount of Check Request:								
#3	#3 <u>APPROVING AUTHORITY</u>							
	**** The recipient of the check cannot be the approving authority. ****							
	Approved by Signature:							
	Print Name			Date.				
#4	i intrane.		ES/COMMENTS					

SDWF 173-1 Effective 1 MAY 2020 - governed by SDWG Supplement 1 (Replaces SDWF-173)





### **SD Wing Deposit / Reimbursement Form**

# Instructions (SDWF 173-1) Effective 1 May 2020

CAPR 173-1 requires all funds will be deposited in the name of Civil Air Patrol. Wings will maintain copies of all deposit slips. All funds collected for any activity, including fundraising, must be deposited upon receipt. Funds collected on site may not be used to pay any expenses. All expenses for an activity must be paid via check from the unit funds held by the wing or paid by a member and the member will be reimbursed from the units funds held by the wing.

All payments will be made by the wing. If the payment is at the request of a unit below wing level, it must be approved by that unit in accordance with the unit's CAPF 172 on file at wing. All personal reimbursement requests <u>must be submitted within 60 days of incurring an expense or receiving an invoice</u>. Requests for reimbursement presented after 60 days will not be honored.

### 1: Deposits - All deposits need to complete the deposit information

- Who is the money going to? State squadron number or Wing.
- Deposit Date: Date the money was taken to the bank.
- Deposited by: Name of the member making the deposit (this could be a squadron member, finance committee member or the WA if the check was mailed into the wing headquarters).
- Cell Phone and E-mail: Contact information for the person making the deposit (just in case there are any questions).
- Name on Check or Fundraiser: Name of the Individual/Organization who issued check or the name of the fundraiser (attach Fundraising Worksheet).
- Description: A brief description such as fundraiser name, donation to Squadron, restriction placed on funds, etc.
- Check #: Number on the check.
- Cash: Check this box if cash was given.
- Date: Date on the check or the date the cash was given.
- Amount: The amount deposited for this line item.
- A clear copy of the check(s) and deposit slip must be attached.

# 2: Check Request – All check request must have an invoice(s) or detail receipt(s) attached

- Issue to: Who is the check going to? Please complete the entire address and note if the address has changed.
- Requested by: This can be any member.
- Date needed: Normally due date found on the invoice.
- E-mail and phone: Contact information of member submitting the request, not the person receiving the check.
- WMIRS msn/sortie: If applicable, list the Sortie number example reimbursement for fuel not paid by the event.
- Who's Paying: (1) List the Squadron number or the abbreviation of the Squadron or (2) check the box if Wing is paying.
- Receipt From: This could be Ace Hardware, Walmart, Office Max, etc.
- Description: If ink was purchased you can put that as the description or write fuel reimbursement, etc.
- Date: Date on the receipt.
- Amount: The amount on the receipt

## 3: Approving Authority

Approving Authority: Printed Name and Signature - The recipient of the check cannot be the approving authority, i.e., check to Roger Rabbit - for reimbursement of Office Max copies. Roger Rabbit cannot approve this; the approver must be another member of the finance committee listed on the CAPF 172. For Units below Wing: If the request is greater than \$500.00 the Finance Committee must approve the request - attach meeting minutes or e-mail approval with the request.

#### 4: Notes/Comments

- Please write if this is a split deposit/check request or if it is a restricted donation, etc. Any additional info that would be helpful.
- If the Wing Commander gave approval via E-mail, attach a copy of the E-mail.