



2020

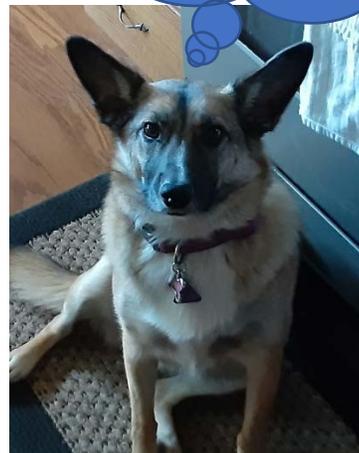
SD WING

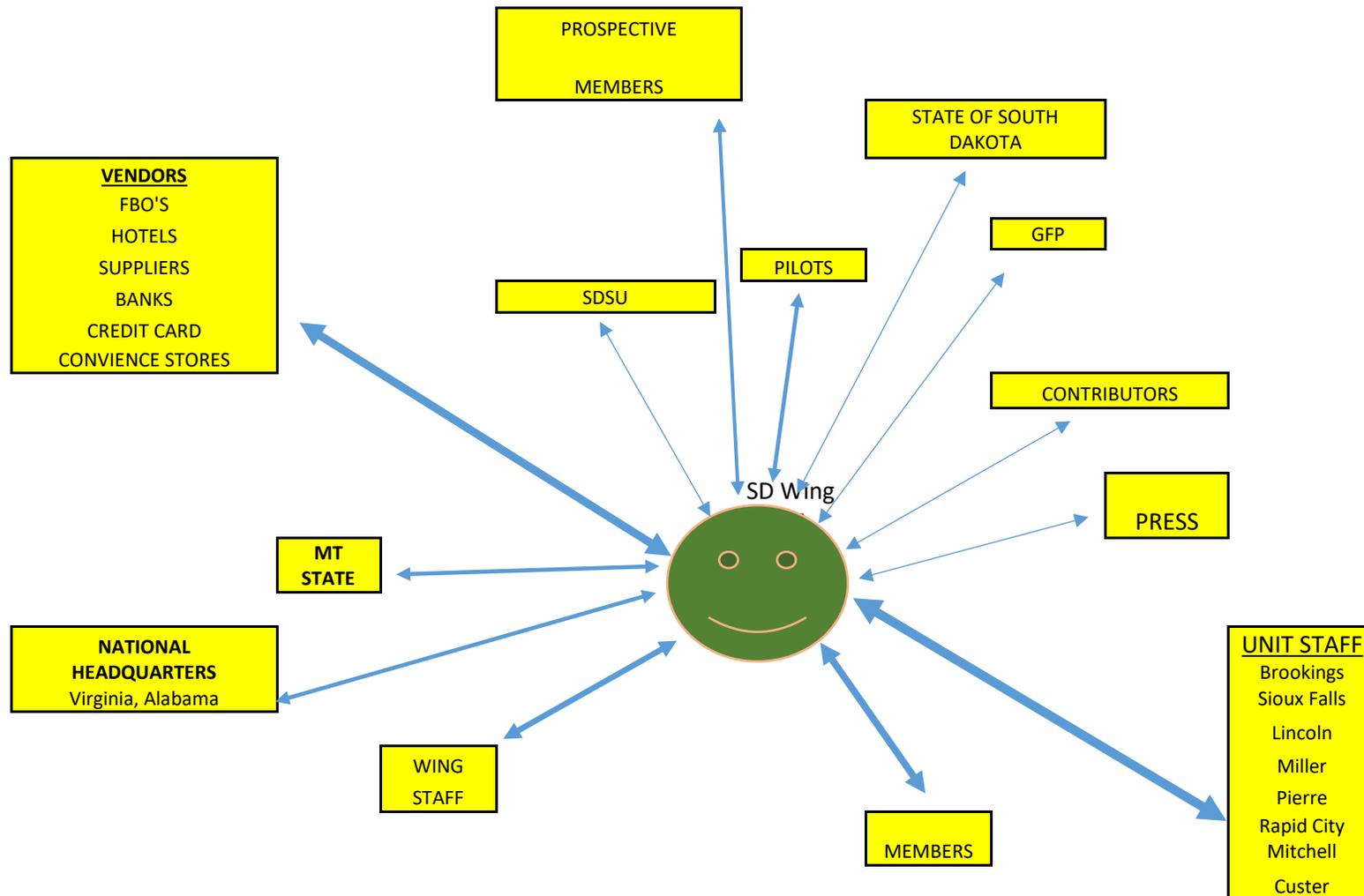
FINANCIAL UPDATE

By: Tom Bass - Director of Finance

Money = treats!

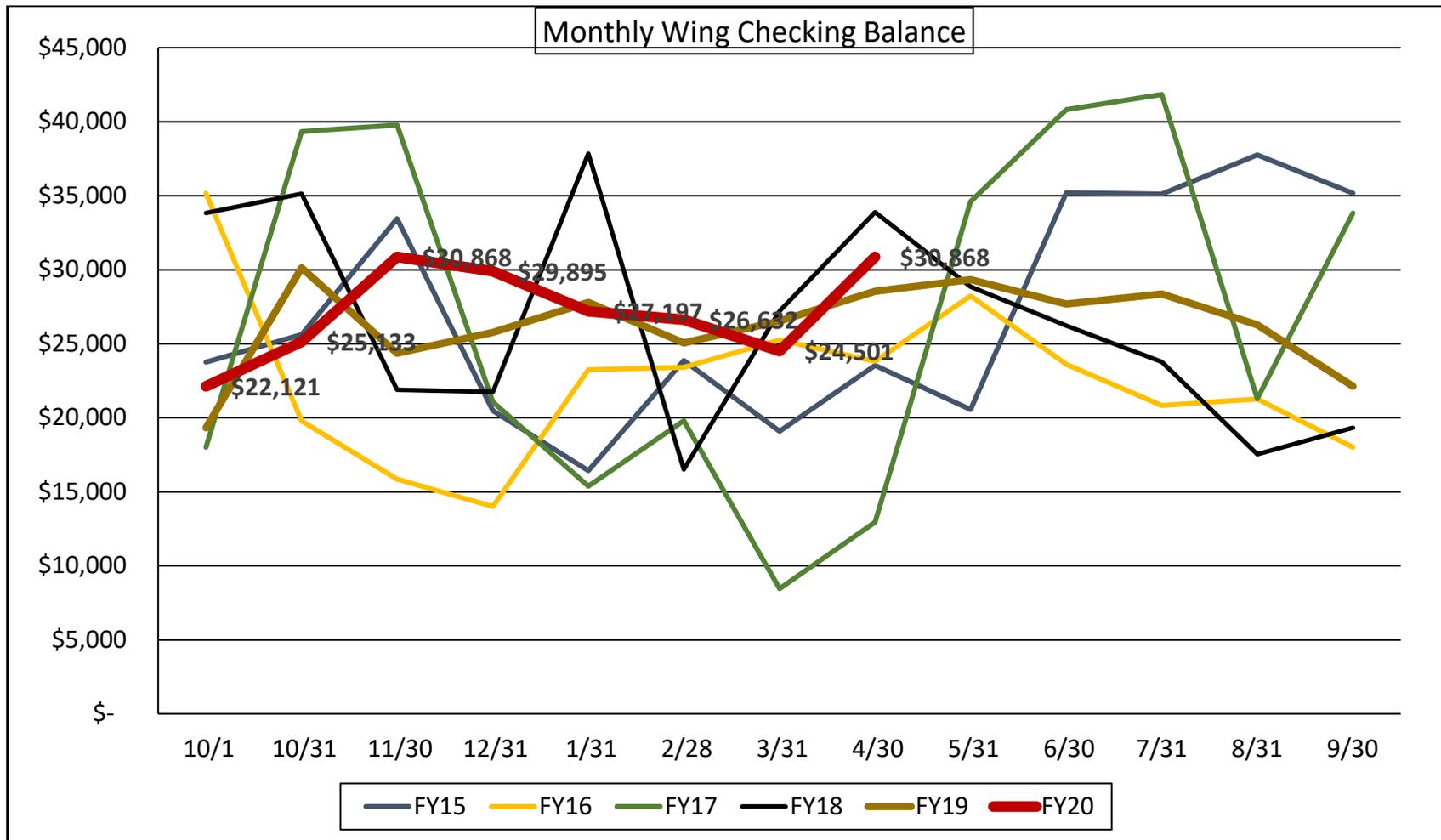
I am ALL EARS!





**FY 2020: CHANGING ENVIRONMENT DUE TO
COVID-19**

**WE LIVE IN A WORLD OF
UNLIMITED "WANTS"**



#1 CHALLENGE: TIMING BETWEEN INCOME AND EXPENSES

- EXPENSES CAN OCCUR BEFORE PAYMENT
- LARGE QUARTERLY HHQ DRAFT FOR AIRCRAFT USEAGE
- LEAD TIME TO SUBMIT S.D. STATE PAYMENT

COVID-19 IMPACT GOING FORWARD: SOUTH DAKOTA'S BUDGET CUTBACKS

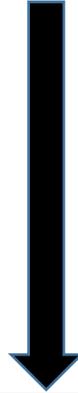
FUNDING

STATE FUNDING - PRIMARILY TO COVER MISSION EXPENSES

<u>WING FIXED/OPERATING EXPENSES</u>	<u>2020</u>	<u>2019</u>
Rents:	\$21,651.72	\$23,323.56
Spider Tracker Monthly Charges	\$1,860.00	\$1,920.00
SpotTracker Annual Charge	\$1,349.88	\$1,224.93
SpiderTracker Annual Charge	\$1,200.00	\$1,200.00
Wing Hot Spot	\$549.72	\$540.00
State Phone Bill	\$312.00	\$420.00
Wing Water Cooler	\$144.00	\$144.00
Equipment Lease	\$156.00	\$156.00
Wing Internet	\$900.00	\$900.00
Total Fixed Cost/Operating Expenses:	\$28,123.32	\$29,828.49

<u>S.D. State's Funds</u>	\$47,124.00	\$39,005.00
	\$28,123.32	\$29,828.49
<u>DISCRETIONARY SPENDING</u>	\$19,000.68	\$9,176.51

SD EOM CLASS 2 MEMBERS
 NAT'L CONFERENCE 2 MEMBERS
 AIR SHOW BROCHURES
 PHILLIP BLDG REPAIRS - AE
 UAV/DRONE & SUPPLIES AIRCRAFT,
 VEHICLE SUPPLIES ROCKET
 SUPPLIES
 WING SUPPLIES/EQUIPMENT
 SD-MISC A/C MX & FUEL EXPENSES
 CMDR'S CONFERENCE 2 MEMBERS



<u>MISC. FUNDING (CRITICAL)</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
MEMBER'S DUES	\$2,124.00	\$4,296.00	\$4,362.00	\$4,026.00
CONTRIBUTION THROUGH DUES	\$60.00	\$152.00	\$142.00	\$92.00
CONTRIBUTION UNRESTRICTED	\$1,500.00	\$3,050.00	\$0.00	\$0.00
ADVERTISING-DENNISON BROTHERS	\$1,858.00	\$4,009.00	\$2,533.00	\$4,019.00
ANIMAL TRACKING	\$840.00	\$1,336.00	\$1,470.00	\$2,974.00
	\$6,382.00	\$12,843.00	\$8,507.00	\$11,111.00
CONTRIBUTIONS - RESTRICTED	\$0.00	\$0.00	\$1,000.00	\$0.00
TOTAL:	\$6,382.00	\$12,843.00	\$9,507.00	\$11,111.00

FOOD FOR CADET/SENIOR ACTIVITIES/SAREX
 AWARDS/SCHOLARSHIPS
 LODGING
 T-SHIRTS/HATS/UNIFORM
 FUEL EXPENSE FOR MISSING RECEIPTS



Questions?

SOUTH DAKOTA CIVIL AIR PATROL

SDWF-173 - 1 DEPOSIT / REIMBURSEMENT FORM

For both Deposits and Check Request return this form and attachments to:

SD Wing CAP HQ, 4275 Airport Road, Suite A, Rapid City SD 57703

E-mail: rkuecker@capnhq.gov

For Questions: Call 605-393-4215

#1

DEPOSITS

A clear copy of the check(s) and deposit slip must be attached

Deposit Information

Who is the Money Going To:	Crazy Horse Composite Squadron/068
Deposit Date:	1/6/20
Deposited by:	Rachel Kuecker
Cell Phone:	605-555-1212
E-mail:	rkuecker@capnhq.gov

Description: Brief description such as:
 1. Fundraiser name
 2. Donation to Squadron
 3. Restriction placed on funds (i.e., flight training)
 4. Anything that can help explain the donation

	Name on Check or Fundraiser	Description	Check #	Cash	Date	Amount
1	Wreaths Across America	Annual Fund Raising	12924		11/20/19	98.33
2						
3						
4						
5						
Sub-total from attachments:						
TOTAL (must agree with deposit slip):						98.33

#2

CHECK REQUEST

Attach detailed receipts and invoices

Issue to: (whom are we paying)	Name		Requested by:		
	Street			Date needed:	
	City, State, Zip			E-mail:	
				Phone:	
Who's Paying	Squad. <input type="checkbox"/>	or Wing <input type="checkbox"/>	WMIRS msn/sortie:	(If Applicable)	

	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

APPROVING AUTHORITY

**** The recipient of the check cannot be the approving authority. ****

Approved by Signature:		Date:	
Print Name:			

#4

NOTES/COMMENTS

WELLS FARGO

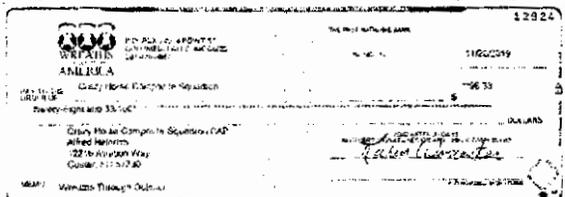
Date: 01/06/20
Time: 08:08 AM
Location: MOUNTAIN-VIEW
ATM: 5713B

Customer Card:
Transaction #: 2867
Transaction: Deposit To Checking
Amount: \$98.33
To: Checking
Deposit Credit Date: 01/06/20

Available Balance: Confidential

DEPOSIT AVAILABILITY:
The full amount of your deposit is included in your available balance now.

CHECK INCLUDED IN YOUR DEPOSIT:
1. Check: X924 \$98.33



Thank you for banking with wells Fargo.
For questions, call 1-800-869-3557
Business customers
call 1-800-225-5935.

MEMO
Wreaths Through October

Crazy Horse Composite Squadron CAP
Alfred Heinrich
12216 Aviation Way
Custer, SD 57730

PAY TO THE
ORDER OF

Crazy Horse Composite Squadron

Ninety-Eight and 33/100 *****

DOLLARS

\$**98.33



P.O. BOX 249, 4 POINT ST.
COLUMBIA FALLS, ME 04623
207-470-0967

THE FIRST NATIONAL BANK

52-183112

11/20/2019

12924

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

AUTHORIZED SIGNATURE

VOID AFTER 90 DAYS
REQUIRE 2 SIGNATURES ON ANY CHECK OVER \$5,000
Alfred Heinrich



SOUTH DAKOTA CIVIL AIR PATROL

SDWF-173 - 1 DEPOSIT / REIMBURSEMENT FORM

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E-mail: rkuecker@capnhq.gov

For Questions: Call 605-393-4215

#1

DEPOSITS

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:

	Name on Check or Fundraiser	Description	Check #	Cash	Date	Amount
1						
2						
3						
4						
5						
Sub-total from attachments:						
TOTAL (must agree with deposit slip):						

#2

CHECK REQUEST

Attach detailed receipts and invoices

Issue to: (whom are we paying) Name: **Mike Beason** Requested by: **Mike Beason**
Street: **4101 Airport Rd** Date needed:
City, State, Zip: **Rapid City SD 57701** E-mail: mike.beason@sdwg.cap.gov
Phone: **605-555-1212**
(Mark "X" for Wg Paid)
Who's Paying Squad: or Wing WMIRS msn/sortie: **19-C-6026/G0005**

	Receipt From	Description	Date	Amount
1	Rushmore Sinclair	POV fuel for mission	09/26/19	22.38
2				
3				
4				
5				
Request for payment must be submitted within 60 days			Sub-total from attachments:	
			Amount of Check Request:	22.38

#3

APPROVING AUTHORITY

**** The recipient of the check cannot be the approving authority. ****

Approved by Signature: *David Small*
Print Name: **David Small, Jr.**

Date: **9/29/19**

#4

NOTES/COMMENTS

Wing Commander gave permission to use POV (If permission was given in an e-mail attach copy of e-mail)

RUSHMORE SINCLAIR
2420 MT RUSHMORE ROAD
RAPID CITY SD 57701

09/26/2019

20:51

DEBIT CARD
DEBIT SALE

Card #
Network: MAESTRO
Chip Card: US DEBIT
AID: A0000000980840
ATC: 0220
ARQC: 9B551B2DC0471188
SEQ #: 40
Batch #: 1
Trans #: 1040
Approval Code: 202696
Entry Method: Chip Read
Mode: Issuer - PIN Verified

Product	Qty	Price	Amount
UnLeaded	10.057G	\$2.589	\$26.04

Miles 213.6

SALE AMOUNT

\$26.04

19-C-6026

GOODS THANK YOU
BEASON

CUSTOMER COPY

SOUTH DAKOTA CIVIL AIR PATROL

SDWF-173 - 1 DEPOSIT / REIMBURSEMENT FORM

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E-mail: rkuecker@capnhq.gov

For Questions: Call 605-393-4215

#1

DEPOSITS

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:

	Name on Check or Fundraiser	Description	Check #	Cash	Date	Amount
1						
2						
3						
4						
5						
Sub-total from attachments:						
TOTAL (must agree with deposit slip):						

#2

CHECK REQUEST

Attach detailed receipts and invoices

Issue to: (whom are we paying) Name: **Denise Clement** Requested by: **Denise Clement**
Street: **4101 Airport Road** Date needed:
City, State, Zip: **Rapid City, SD 57701** E-mail: **denise.clement@sdwg.cap.gov**
(Mark "X" for Wg Paid) Phone: **605-555-1212**
Who's Paying Squad: **007** or Wing: WMIRS msn/sortie: **(If Applicable)**

	Receipt From	Description	Date	Amount
1	Walmart	Display & Project Board	09/27/18	13.15
2	Office Depot	Printing for Flyers	09/26/18	44.00
3	Hobby Lobby	Paper Crafts (lettering for display board)	09/27/18	15.39
4	Vanguard	Guidon Flag	09/18/18	50.58
5				
Request for payment must be submitted within 60 days			Sub-total from attachments:	
			Amount of Check Request:	123.12

#3

APPROVING AUTHORITY

**** The recipient of the check cannot be the approving authority. ****

Approved by Signature: *Jerome Foy*
Print Name: **Jerome Foy**

Date: **10/18/19**

#4

NOTES/COMMENTS

VANGUARD INDUSTRIES EAST, INC.
 1172 Azalea Garden
 Norfolk, Va 23502
 800/221-1264 Fax: 757/857-0222
 Web Page: www.vanguardmil.com

INVOICE NO. 6226421
INVOICE DATE 10/07/19
 rtorres@vanguardmil.com

VANGUARD INDUSTRIES WEST, INC.
 2440 Impala Drive
 Carlsbad CA 92010-7226
 800/433-1334 Fax: 760/438-7803

BILL TO: 632355
DENISE CLEMENT
 4101 Airport Road
 Rapid City, SD 57701

SHIP TO: 632355
DENISE CLEMENT
 4101 Airport Road
 Rapid City, SD 57701

PAYMENT TERMS CREDIT CARDS
PURCHASE ORDER NO. 467513
PICK TICKET NO. 2189263

SHIP VIA 1st CLASS
FREIGHT TERMS FOB Ship Point
 09/18/19
B/O Y
SM 94
 -) 31

LN. NO.	QTY ORDRD	QTY SHIP	B/O QTY	ITEM#/UPC#	ITEM DESCRIPTION	UNIT	UNIT COST	TOTAL COST	UNIT SELL	TOTAL SELL
1	1	1		CAP0921D 96364	GUIDON FLAG	EACH	56.20	56.20		
2					TOP AND BOTTOM					
3					LCCS					
4					SD 007					
5					9400116901619962139412					
SUBTOTAL								56.20		
DISCOUNT								5.62		
TOTAL								\$50.58		

Thank you for your order.

By Issuing this Invoice the Vendor acknowledges that they are in compliance with Executive Order 11245 and related statutes, orders and regulations.

CUSTOMER COPY

HOBBY LOBBY

Super Savings, Super Selection!

2400 S. Lorraine Dr.
Sioux Falls, SD 57103
Hobby Lobby Store #137 (605) 361-1720

4-137 R-2 T-9644 KATRINA 0 SALE
105100000 Paper Crafts 9.98
50 % Off (9.99-5.00)
2 @ 4.99 ea
105100000 Paper Crafts 4.47
50 % Off (2.99-1.50)
3 @ 1.49 ea
SUBTOTAL 14.45
TAX TOTAL 0.94
TOTAL 15.39

VISA 15.39
ACCOUNT #: *****
AUTH#: 027847
ACCT: VISA INSERTED
CARD # ***** EXP **/**
REF # AUTH # RESP 00
190509271042 027847 ISO 00
AID: A0000000031010
PSI: F800 ARC:00 CUR:0840
TVR: 0080008000
APP: Visa Credit
IAD: 06010A03A02002

No Signature

--Continued on Side 2--

Denise Clement
SD007

Office DEPOT OfficeMax

SIoux FALLS - (605) 335-5980

09/26/2019 4:10 PM



2PVTQ94PYQ56R8EWH

SALE 6118-5-8656-796890-19 7 2
167102 Color DS Lette
200 @ 0.71 142.00
Bulk @0.220 -14.00
Retail After Discounts 128.00
Business Solutions Prc 44.00
You Pay 44.00SS
Subtotal: 44.00
SD State Tax 4.5% 0.00
SD City Tax 2% 0.00
Total: 44.00
Visa 4664: 44.00

AUTH CODE 026233
TDS Chip Read
AID A0000000031010 Visa Credit
TVR 0000008000
CVS No Signature Required

SPC CARD# 1061

Tax Exemption Number 000203304870

Total Savings:

\$98.00

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com

and enter the survey code below:

16FB 67TN 7N0Q

Denise Clement
SD007

See back of receipt for your chance
to win \$1000 ID #:7N7B2WJMG9V

Walmart

Save money. Live better.

605-362-1002 Mgr: SHAWN SHUBERT

3209 S LOUISE AVE

SIoux FALLS SD 57106

ST# 01535 OP# 006627 TE# 13 TR# 06124
DISPLAYBOARD 007994600660 3.18 0
PROJECTBOARD 007994600620 9.97 0
SUBTOTAL 13.15
TOTAL 13.15
VISA TEND 13.15
**** ** I 1

Visa Credit
APPROVAL # 027068
REF # 1042000314
TRANS ID - 469270782462107
VALIDATION - LM22
PAYMENT SERVICE - E
AID A0000000031010
TC A9F6445F320EF725
TERMINAL # 283612104
*NO SIGNATURE REQUIRED
09/27/19 16:44:05
CHANGE DUE 0.00
ITEMS SOLD 2
TC# 5203 0180 1709 4930 3039



Low Prices You Can Trust. Every Day.

09/27/19 16:44:22

CUSTOMER COPY

Denise
Clement
SD007





SD Wing Deposit / Reimbursement Form Worksheet



Instructions (SDWF 173-1) Effective 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 **must be submitted within 60 days of incurring an expense or receiving an invoice**. 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.



Questions?

Sample Aircraft Fuel Receipt

20-T-5016 / A009

FUELMASTER
 RONSON AVIATION
 TRENTON, NJ 08628
 609 771-9500

N17NJ

Roger Ramjets, 100001
 1000047207A

*** CHARGE ***

03/15/2013 8:57:13 PM

AIRPLANE ID 1754

PUMP#1 AVGAS 100L1
 16.420 GI
 @ \$7.3100 \$120.03

CUSTOMER ACKNOWLEDGES
 RECEIPT OF PRODUCT AND
 AGREES TO PERFORM THE
 OBLIGATIONS SET FORTH IN
 THE CARD ISSUER AGREEMENT

ACCT#: *****0133
 CARD: Multi Service

INVOICE#: 4233
 AUTH#: 6571

UNICOM 130.225
 *** THANK YOU ***
 HAVE A SAFE FLIGHT
 AND HURRY BACK!

*Refueled next day -
 FBO was closed on RTB*

- Always use the correct Credit Card for the Mission Symbol. When in doubt ask your IC or FRO. (Air Force Funded: EFS/Mastercard; Non-Air Force Funded: VISA)
- Always write the Mission & Sortie Numbers clearly on the receipt. Not the mission symbol.
- Is the Tail Number pre-printed correctly on the receipt? If not, write it in.
- Write the Pilot's name and CAPID on the receipt.
- Is the FBO's name & address on the receipt?
- Is the fuel purchase date on the receipt the same as the sortie date? If not, you must briefly note the reason why.
- Mission / Sortie Number
- Tail Number
- Pilot Name, CAPID
- Total Purchase
- Correct Credit Card for the Mission?
- Is the Quantity and Type of fuel correct?
- Is the total purchase amount correct?
- Is the receipt and your printing legible?
- Be sure the receipt is IMMEDIATELY and CLEARLY scanned and uploaded to the sortie in WMIRS! Smartphone Apps allow you to instantly scan the receipt to PDF for immediate upload to the sortie in WMIRS! **Upload must be done within 24 hours of purchase.**
- Place the receipt in the zippered pouch of the AIF (Aircraft Book).
- Be sure the correct fuel card check box is selected on the sortie in WMIRS.

Sample Vehicle Fuel Receipt

Vehicle Number → 29030

Driver Name, CAPID → Peter Parker, 100002

Billable Unit (If not an AFAM) → NJ-086

Vendor Name and Address → QuickChek #136
5 Leesville Road
Jackson NJ
732-928-2032

Date of Purchase → Invoice # 99086
Date 02/09/14
Time 05:16
Auth # 751200
Card Wright Express

Fuel Quantity → Pump Gallons Price
8 23.726 \$ 3.119

Fuel Type (Should be Regular) → Product Amount
Regular \$ 74.00
Total Sale \$ 74.00

Correct Credit Card for the Mission? → Acct # WX XXXXXXXXXXXXXXX36

Total Purchase → SALE - Card Swiped
Merchant Id # 34949289001
Refer # 177559

Mission / Sortie Number → 14-T-5016 / G009

Miles Driven for the Mission / Sortie → 300.8 Miles

Is the Vehicle number (40xxx) written on the receipt?

Is the name of the member who made the purchase and their unit on the receipt?

Is the Service Station's name and location on the receipt?

Is the date of the purchase on the receipt?

Is the Quantity and Type of fuel correct?

Is the total purchase amount correct?

Is the receipt, including your notes, legible?

Place the receipt in the zippered pouch of the VIF (Van Book).

Be sure the receipt is IMMEDIATELY and CLEARLY scanned and uploaded to the sortie in WMIRS! Smartphone Apps allow you to instantly scan the receipt to PDF for immediate upload to the sortie in WMIRS! **Upload must be done within 24 hours of purchase.**

Be sure the correct fuel card check box is selected on the sortie in WMIRS.

Air Force Funded: EFS Mastercard; Non-Air Force Funded: WEX card.

Sample Vehicle Maintenance Invoice

Vendor Name → John's Car Care & Performance Center

Customer is CAP → CIVIL AIR PATROL

Vendor Location → 1400 BRACE RD
CHERRY HILL, NJ 08034
(856)429-2289
STATE LICENSE & EPA

Service Date → Date 02/02/15 Schedule 01/09/15 QUOTE : 6085 04:29 pm Page 1

Service Details →

REMARKS AND LABOR DESCRIPTIONS	HRS	PRICE	PARTS & LUBRICANTS	QTY	PRICE	TOTAL
DIAGNOSE ABS LIGHT ON. FOUND CODE C1155 FOR L/F WHEEL SPEED SENSOR CIRCUIT. CHECKED WHEEL HUB FOR TRIGGER WHEEL, CHECKED FUSES, AND WIRING. REC. REPLACING L/F ABS SENSOR TO START.	80.00		MOTOR OIL OIL FILTER	6.00 1.00	4.50 6.99	27.00 6.99
LUBRICATION SERVICE CHANGE OIL & FILTER, LUBRICATE CHASIS, DRAIN & REPLACE ENGINE OIL. CHECK FLUID LEVELS INCLUDING BRAKE FLUID, POWER STEERING, TRANSMISSION & WINDOW WASHER. CHECK TIRES, BELTS & HOSES FOR WEAR.	5.00					

Expense Breakdown →

All Parts Are New Unless Shown As (U) Used or (R) Rebuilt	Labor	85.00	Parts & Lubricants	33.99
This vehicle will be reassembled within 3 days of the date shown above if I donot authorize the recommended services.			EPA	0.00
I acknowledge notice and oral approval of an increase in the original estimated price			SHOP	0.00
			Gasoline	0.00
			Sub Total	118.99
			Sales Tax	0.00
			Deposit	0.00
			Disc. Applied	0.00
			TOTAL	118.99
			BALANCE DUE	118.99

No Sales Tax →

Total Purchase →

Purchaser Name and CAPID # → Peter Parker
987654

CAP Vehicle # (If not printed, write it in) → NF1761629028

Parts Details →

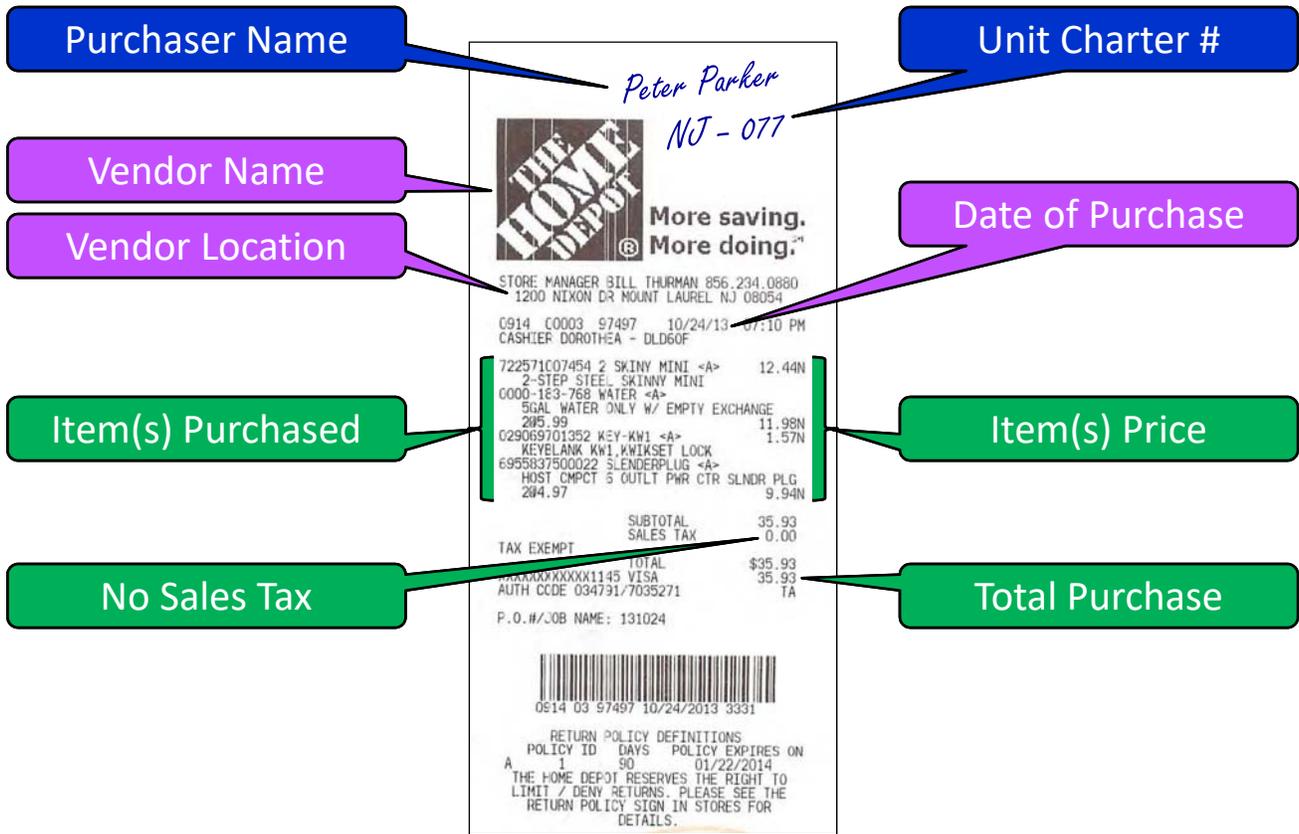
Expense Breakdown →

No Sales Tax →

Total Purchase →

- Is the receipt/invoice legible?
- Sales Tax should not be charged.
- Is the date of the purchase on the receipt?
- Is the name and CAPID of the member who made the purchase written on the receipt?
- Is the Vendor's name and address on the receipt?
- Be sure to use the CAP ESF Card for Maintenance and Repairs!**
- Is the Customer Name Civil Air Patrol? ****
*Do Not put persons name. *****
- E-mail copy of receipt to rkuecker@capnhq.gov**
- Is the Vehicle Number pre-printed correctly on the receipt? If not, write it in.
- Are the details of service done/parts purchased itemized clearly?
- Is the total amount correct?

Sample Merchandise Receipt



- Is the name of the member who made the purchase on the receipt?
- Is the Vendor's name and location on the receipt?
- Are all items on the receipt for CAP use?
****** Do Not put personal use items on the same purchase as CAP purchases.******
- State Sales Tax should not be charged.

- Is the charter number of the unit reimbursing the purchase on the receipt?
- Is the date of the purchase on the receipt?
- Is the total amount correct?
- Is the receipt legible?
- Submit your receipt with the correct reimbursement form to your WA promptly.
******IAW CAPR 173-1, SD/FM cannot reimburse purchases older than 60 days.******

Common Mistakes to Avoid

Credit Card Authorization Slips ARE NOT Receipts

The image shows a credit card authorization slip from RICKY'S PIZZA. The slip includes the following information:

RICKY'S PIZZA
13 MAIN STREET
ANYTOWN, NJ 08132
800-555-9876

TERMINAL ID: 79950763
MERCHANT #: 466996613508

VISA
*****5678 EXP: **/**

SALE
BATCH: 007646 INV: 0000445
July 29, 2014 18:47
RRH 4146354648 AUTH: 546546
TRAN SEQ #: 0472673

TRANSACTION ID: 5414399131853
APPROVAL 974226

TOTAL \$87.95

BENJAMIN B SARGUY
THANK YOU!
CUSTOMER COPY

Two green callout boxes are present. The left one says "No itemized list of what was purchased." and the right one says "No cost per item or indication of sales tax for what was purchased."

Always ask for an itemized receipt when purchasing with a credit card . **CAP WILL NOT accept credit card authorization slips as receipts.**

NEVER combine CAP purchases with your personal purchases. Always use a separate transaction when you buy items for CAP use.

Several large chain stores throughout the state have Civil Air Patrol listed as a tax exempt organization. Before making a purchase, verify that the store has CAP listed as tax exempt and determine what documentation they will require. If the store does not have SD CAP listed, contact Rachel Kuecker at Wing Headquarters.

Be sure to submit your receipts to your finance officer immediately. CAPR 173-1 forbids payment of reimbursements older than 60 days from the date of the purchase on the receipt. Be sure to leave enough time for your finance officer to get the appropriate signatures and transmit the request to SD Wing Finance Department before the 60 day deadline.



QUESTIONS?



South Dakota Wing
Fundraising Worksheet



Part A - Fundraising Request - (Must be submitted to the Wing Administrator (WA) by email at least two weeks prior to the requested fundraising activity. The WA will get the approval signature and return a copy of the approval to the unit requestor.)

Squadron Name and Number: Rushmore - 031

Project Officer (PO): Col. Mike Beason

PO Contact Info: Email: mike.beason@sdwg.gov Telephone: 605-555-1212

Proposed Date(s) and Hours of Activity: May 15, 2020 1000 - 1400

Activity Proposed: Wash corporate Cessna 421 aircraft

Cadet Protection Completed? Yes No

Number of Seniors: 2 Number of Cadets: 5 Cost of Fundraising: \$ 35.00 (Estimate)

Wing Approval: _____ Date: _____

Contribution versus Fund Raising

Did CAP have anything to do with receiving the funds? Answer: Yes, it is fund raising!!!

Answer: No, it is contribution

Ex.: Parking cars at count fair: Fundraising, even if fair organizer says they will make contribution if squadron parks cars.

Squadron receives a check in the mail but did nothing else but accept payment: Contribution!!!

Even true if the squadron solicits contribution but did nothing more than ask for them.

FINE LINE – BUT REMEMBER FUND RAISING REQUIRES WING LEVEL APPROVAL

Part B - Post Activity Report - (Must be completed within 15 days after the activity completion and submitted to the wing administrator. The Report can be scanned and e-mailed)

Interim Report - _____ Final Report - _____ Date Activity Completed _____

Funds Raised \$ _____ Actual Cost \$ _____ Profit \$ _____

Number/Name of Seniors: (attach sign in sheet if necessary) _____



South Dakota Wing
Fundraising Worksheet



Part A - Fundraising Request - (Must be submitted to the Wing Administrator (WA) by email at least weeks prior to the requested fundraising activity. The WA will get the approval signature and return a copy of the approval to the unit requestor.

Squadron Name and Number: Rushmore 1031

Project Officer (PO): Col. Mike Beason

PO Contact Info: Email: mike.beason@sdwg.cap.gov Telephone: 605-555-1212

Proposed Date(s) and Hours of Activity: May 15, 2020 1000 - 1400

Activity Proposed: Wash corporate Cessna 421 aircraft

Cadet Protection Completed? Yes No

Number of Seniors: 2 Number of Cadets: 5 Cost of Fundraising: \$ 35.00 (Estimate)

Wing Approval: *[Signature]* Date: April 25, 2020

Part B - Post Activity Report - (Must be completed within 15 days after the activity completion and submitted to the WA by email with a SDWF 173-1, deposit slip, copies of any/all checks & bank receipts)

Interim Report - Final Report - Date Activity Completed May 15, 2020

Funds Raised \$ 175.00 Actual Cost \$ 25.00 Profit \$ 150.00

Number/Name of Seniors: (attach sign in sheet if necessary) 2

Number/Name of Cadets: 3 Adams, Smith, Jones

Would you do this again? Yes No

Would you recommend other Squadrons do this? Yes No

Comments Excellent opportunity for cadets to get familiar with a twin engine aircraft

Squadron Commander *[Signature]* Date: May 20, 2020



South Dakota Wing Fundraising Worksheet



SD Wing Fundraising Worksheet – Instructions (SDWF 173-4) Effective March 2020

- CAPR 173 - 1 requires that fund raising activities outside of normal unit meetings receive preapproval and that the Wing Director of Finance needs to monitor unit fundraising activities. This form will enable the unit to comply with both procedures on a single form. **Part A must be completed and submitted to the Wing Administrator (WA) by e-mail at least two weeks prior to the fundraising activity. The WA will get the approval signatures and return a copy of the approval to the unit requestor. Part B must be submitted within 15 days of the completion of the fundraising activity** and submitted to the WA.

Part A: Fundraising Request (Before the Fundraising activity)

- A person at the unit level must be listed with contact information in case an additional information is needed.
- The activity proposed - list the nature of the activity. For example, car wash, balloon Fiesta, candy sales, etc.
- Cadet Participation - requires a yes or no response
- Number of Seniors/Cadets signed up to assist
- Cost of fund raising (estimated)- include cost of transportation, supplies, lunch etc.

Part B: Post Activity Report (After the Fundraising activity)

- Identify whether this is an interim or final report and date the fundraising activity was completed.
- Provide the total amount raised, actual cost of the fundraiser (vehicle fuel, lunches, etc.). This should be available from the unit finance officer via copies of the reimbursement request/receipts.
- Identify the number/name of cadets and seniors who participated in the activity. Use separate sheet if needed or attach a sign in roster.
- Comments - Include information on how the function went, unexpected actions, etc. This is informational only but might provide input for another unit planning a similar function. The same is true for the yes or no answer to “would you do it again?” and “would you recommend other squadrons do this?”
- The completed form must be sent to the WA by e-mail (rkuecker@capnhq.gov) with the deposit slip, copies of any/all checks and bank receipts; and copies to the Wing Commander and Wing Director of Finance. The WA will post the deposit and will scan and upload the form to national headquarters as directed.



Questions?

THE END!!!



YOU CAN REACH US AT:

Tom Bass -Director of Finance
tom.bass@sdwg.cap.gov

Rachel Kuecker - Wing Administrator
rkuecker@capnhq.gov