

SOUTH DAKOTA CIVIL AIR PATROL
SDWF-173 - Financial Transaction Report

Type of Transaction: Deposit (complete parts A&B below)
 Check Request (complete part C below)

PART A:

Unit Name/Charter:
 Date:
 Requested by:
 Contact:

Return form and attachments to:

SD Wing CAP HQ
 4275 Airport Road, Suite A
 Rapid City, SD 57703
 e-mail: wa@sdcap.us, FAX: (605) 393-4216

PART B: Deposit (attach a copy of checks and deposit slip - attach additional sheet if necessary)

	Received From	Description	Cash or Check #	Date	Amount
1					
2					
3					
4					
5					
	Deposit Date:	<input type="text"/>	Sub-total from attachments:		<input type="text"/>
	Deposited By:	<input type="text"/>	TOTAL:		<input type="text"/>

TOTAL must agree with deposit slip

PART C: Check Request (attach detailed receipts and invoices)

Issue to: Name Requested by:
 Street Date needed:
 City, State, Zip e-mail:
 Phone:
 Payable From: Squadron Wing WMIRS msn/sortie:
Vendor

	Vendor	Description	Date	Amount
1				
2				
3				
4				
5				
	Sub-total from attachments:			<input type="text"/>
	Amount of Check Request:			<input type="text"/>

Request for payment must be submitted within 30 days of expenditure otherwise check request may not be honored

Requestor's Signature: Date:
 Printed Name:

by signing you are certifying that all costs claimed are for official CAP business

Approvals: Squadron <=\$500 sign 1 below, >\$500 finance committee approval is required fill out 2 below

Wing <=\$1,500 sign 1 below, >\$1,500 finance committee approval is required fill out 2 below

1 Approved by Signature: Date:
 Printed Name:

2 Finance Committee Approval, if necessary. Can forward copies of email approvals.
 signature/name date: sig/name date:
 signature/name date: sig/name date:

FOR OFFICE USE ONLY

Date Received: Posted: Billed:
 Authorization Verified: Scanned: Attachments: