



HEADQUARTERS PUERTO RICO WING
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO.Box 192460
San Juan PR 00906-2460

Travel Expenses Report

1.Name: _____

2.Departure date: _____

3.Return date: _____

4.Event: _____

5.City and State of event _____

6.Expenses:

Air Fare \$ _____

Ground \$ _____

Hotel (_____ nights X \$ _____) \$ _____

Per Diem (\$ 25.00) \$ _____

Registration \$ _____

7.Comments: _____

8.Requestor: _____

Name

Signature

9.Date: _____

Puerto Rico Wing Form 8 - Instructions

Travel Expenses Report -Instructions

This form must be completed by the member according to what was authorized for reimbursement and submits it to the finance director.

1. Name of the member
2. Departure date (DD/MM/YYYY)
3. Return date (DD/MM/YYYY)
4. Event name (National conference, inspection Unit Cristal,)
5. City and state, where the activity takes place.
6. Expenses that were authorized.
7. Add other comment
8. Name and signature of the member requesting.
9. Date the form is completed