



**HEADQUARTERS PUERTO RICO WING  
CIVIL AIR PATROL  
UNITED STATES AIR FORCE AUXILIARY  
PO Box 192460  
San Juan PR 00919-2460**

**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 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

7. Comments: \_\_\_\_\_  
\_\_\_\_\_

8. Requestor: \_\_\_\_\_

Name

\_\_\_\_\_  
Signature

9. Date: \_\_\_\_\_

## **Puerto Rico Wing Form 8 - Instructions**

### **Travel Expenses Report**

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

#### **Instructions**

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, etc.)
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.