



MINNESOTA WING HEADQUARTERS
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
6275 CROSSMAN LN
INVER GROVE HEIGHTS, MN 55076



Civil Air Patrol Minnesota Wing Travel Authorization

Unit Charter Number	Squadron Name:	E-Mail Address		
Name (Last, First MI)		Grade	Best Contact Number	
Home Address		City	State Zip Code	
Visiting Location	Anticipated Departure Date	Anticipated Return Date	Number of Days	
Reason for Trip		Financial Summary		
			Anticipated Costs (Fill out before event)	Allowable Reimbursement (Fill out upon return)
		Conference Fee		
		Airfare		
		Lodging cost		
		Rental Car or Taxi		
		Parking		
		Meals		
		Other		
Total		\$0.00	\$0.00	
_____ Signature of Requestor Date		Comments:		
<input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended _____ Squadron Commander Signature Date		Comments:		
<input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended _____ Group Commander Signature Date		Comments:		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Wing Commander or Finance Committee Appro Date		Comments:		