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:	EMail 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)		Actual Costs (Fill out upon return)	
Conference Fee				
Airfare				
Lodging cost				
Rental Car or Taxi				
Parking				
Meals				
Other				
Other				
Total				

Signature of Requestor _____ Date _____ Comments:

☐ Approval Recommended ☐ Approval Not Recommended

Squadron Commander Signature _____ Date _____ Comments:

☐ Approval Recommended ☐ Approval Not Recommended

Group Commander Signature _____ Date _____ Comments:

☐ Approved ☐ Not Approved

Wing Commander or Finance Committee Approval _____ Date _____ Comments: