

NOT TO BE USED BY REGION OR WING TO SUBMIT EXPENSES TO NATIONAL HEADQUARTERS

Region/Wing refer to Web Mission Information Reporting System (WMIRS)

REIMBURSEMENT FOR INDIVIDUAL CAP MEMBER EXPENSES

For instructions and help, place mouse pointer on triangles (red).

1. Mission Number:		Start Date (dd/mmm/yy):		Stop Date (dd/mmm/yy):	
2. Type Mission:	<input type="checkbox"/> SAR/DR <input type="checkbox"/> EVAL/TRNG <input type="checkbox"/> CD <input type="checkbox"/> HLS <input type="checkbox"/> OTHER	3. Claimant (See Instructions on Reverse)			
4A. Mailing Address:	Check here if new address <input type="checkbox"/>			4B. Phone Number and E-Mail Address:	

5. Invoice (Refer to Instructions): FINAL PARTIAL

A. DATE (dd/mmm/yy)	B. TYPE ACFT OR VEH MAKE/MODEL	C. ACFT HP	D. ACFT ID/VEH ID OR LICENSE	E. ACFT/ VEH OWNER		F. HOURS FLOWN/ NO. MILES	G. HOURLY RATE ACFT MINOR MX	H. ACFT COST CLAIMED	I. FUEL AND OIL COST CLAIMED	J. LODGING & PER DIEM COST CLAIMED	K. COMM/ OTHER COST CLAIMED	L. SUB TOTAL CLAIMED
				Corp	Mbr							
									-			-
									-			-
									-			-
									-			-
									-			-
									-			-
									-			-
TOTAL CLAIMED BY CATEGORY								6. ACFT COST	7. FUEL/OIL	8. L & PD	9. OTHER	10. TOTAL
								-	-	-	-	-

11. CERTIFICATIONS. The parties signing in Blocks 11A and 11B are responsible for the accuracy and validity of the facts recited in the claims and supporting documentation. The parties shall not claim costs on the CAPF 108 if expenses are being reimbursed from another source. Dual compensation is prohibited.

11A. CAP MEMBER: I CERTIFY THAT THE AMOUNTS PAID WERE FOR PARTICIPATION IN THE LISTED USAF AUTHORIZED MISSION AND ACCURATELY REFLECT HOURS FLOWN, AUTOMOTIVE FUEL/OIL USED, AND /OR OTHER MISCELLANEOUS COSTS INCURRED. (Please print/type name below signature.)	SIGNATURE AND DATE
--	---------------------------

11B. WING APPROVAL: I CERTIFY THAT THE AMOUNTS PAID WERE FOR PARTICIPATION IN THE LISTED USAF AUTHORIZED MISSION AND ACCURATELY REFLECT HOURS FLOWN, AUTOMOTIVE FUEL/OIL USED, AND /OR OTHER MISCELLANEOUS COSTS INCURRED. (Please print/type name below signature.)	SIGNATURE AND DATE
---	---------------------------

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM. "THE CLAIMANT SHALL FORFEIT AND PAY TO THE UNITED STATES THE SUM OF FIVE TO TEN THOUSAND DOLLARS PLUS THREE TIMES THE AMOUNT OF DAMAGES SUSTAINED BY THE UNITED STATES." (SEE 31 U.S.C. 3729) (APPLICABLE TO ALL SIGNATORIES)	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM. "FINE OF NOT MORE THAN TEN THOUSAND DOLLARS OR NOT MORE THAN FIVE YEARS IN PRISON OR BOTH."(SEE 18 U.S.C. 287) (APPLICABLE TO ALL SIGNATORIES)
---	---

INSTRUCTIONS FOR COMPLETING THE CAPF 108 *Consult with CAP-USAF/SE; other safety discussions with NHQ SE staff.*

- All pilots flying on USAF authorized reimbursable missions MUST SUBMIT appropriate documentation to the wing showing aircraft flown, ownership, and flying time even if no individual claim for reimbursement is made. This information is required for statistical purposes.
- This documentation and appropriate receipts must be submitted to the wing not later than **15** days after the close of the mission.
- Wings must prepare a consolidated mission **WMIRS** CAPF 108 through WMIRS to the National Operations Center not later than **30** days after the close of the mission.

BLOCK 1. Enter mission number and mission inclusive dates. Add sequential alpha character to adjustment claims.

BLOCK 2. Check the appropriate block for the type mission, one block only!
If "Other," describe.

BLOCK 3. For individual list full name and CAPID. For unit list charter number, i.e., GLR-MI-051.

BLOCKS 4A & 4B. Enter appropriate mailing address, phone number and e-mail address for entry in block 3.

BLOCK 5. Check the appropriate block to identify if this is a partial or the final claim for the mission (block 1).
NOTE: A separate line entry must be made for each aircraft/vehicle unitized.

BLOCK 5A. Enter date expense incurred (as shown on receipt).

BLOCK 5B. Enter the type of aircraft or vehicle make and model.

BLOCK 5C. Enter aircraft horsepower (hp).

BLOCK 5D. Enter the aircraft registry number or, for corporate-owned vehicles (COV), the vehicle identification number or, for private-owned vehicles (POV), the vehicle license plate number corresponding to 5B.

BLOCK 5E. Check appropriate block to identify entry in 5B.

BLOCK 5F. Enter aircraft hours(hobbs) flown or number of miles driven for entry in 5B.

BLOCK 5G. Enter the hourly aircraft minor maintenance rate for aircraft type entered in 5B. Reference current rates published in CAPR 173-3.

BLOCK 5H. Multiply the entry in 5F by 5G and enter the result.

BLOCK 5I. Enter the amount claimed for the entry in 5B and attach original receipt(s).

BLOCK 5J. Enter amounts claimed for lodging and per diem costs and attach original receipt(s).

BLOCK 5K. Enter amounts claimed for communications cost, aircraft oxygen service, authorized TDY expenses, etc., and attach original receipt(s).

BLOCK 5L. Enter the sum of 5H through 5K as appropriate.

BLOCK 6. Enter the total of column H.

BLOCK 7. Enter the total of column I.

BLOCK 8. Enter the total of column J.

BLOCK 9. Enter the total of column K.

BLOCK 10. Enter the total of entries in blocks 6 through 9 OR total of column 5L (both should be equal).

BLOCKS 11 Read, print/type name, sign and date.

CAP FORM 108, APR 07 **Corrected Copy** **Reverse**