

**KANSAS WING, CIVIL AIR PATROL**

Type of Transaction:

**DEPOSIT REPORT**  
*(Complete parts A & B)*

**DISBURSEMENT or TRANSFER REQUEST**  
*(Complete parts A & C)*

**FINANCIAL TRANSACTION REPORT / REQUEST (For units below wing level)**

**PART A:**  
(All Complete)

Unit Name: \_\_\_\_\_

Charter #: **KS-** \_\_\_\_\_ Date of Report: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Mail form and attachments to:  
**KSWG HQ, CAP/FM, attn: June, 3024 Arnold Ave Salina, KS 67401**  
 OR Fax form & attachments to: **(785) 825-1116**  
 OR Email form & attachments to: **june@kswghq.kscoxmail.com**

**PART B: Deposit to Unit Funds Repor** *(Must attach a copy of the checks and the deposit slip.)*

Itemized list of deposit items for this units' consolidated account: (Attach an additional sheet if necessary)

	Received from:	Purpose:	Chart of Acct #:	Check #:	Amount:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
	Total from attached sheet, if any:				_____

Name & Rank of Depositor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Deposited: \_\_\_\_\_

**AMOUNT OF DEPOSIT:** \_\_\_\_\_  
*(Must agree with deposit slip)*

*\* Funds must be deposited to UMB account # 987-207-1646 within 3 business days of receipt \**

**PART C: Request for Disbursement or Transfer of Unit or Wing Fund** *(Must attach detailed receipt)*

By the requestors signature (below), I certify that all costs claimed were made on official CAP business.  
 By the approvers signature (below), authorization is hereby given to disburse the following amounts from the requested fund.

Payable To:	Payable From:	Purpose:	Chart of Acct #:	Amount:
<input type="checkbox"/> Kansas Wing CAP - OR - Name: _____ Street: _____ City, State, Zip: _____	<input type="checkbox"/> KS Wing  <input type="checkbox"/> Unit	_____	_____	_____
<input type="checkbox"/> Kansas Wing CAP - OR - Name: _____ Street: _____ City, State, Zip: _____	<input type="checkbox"/> KS Wing  <input type="checkbox"/> Unit	_____	_____	_____

*\* Requests for payment must be submitted within 60 days of the expenditure. Those over 60 days will not be honored. \**  
*\* All funds disbursed in advance must have receipts submitted and the advance cleared within 10 business days of the event. \**

Name & Rank of Requestor	Signature	Date
Name & Rank of 1st authorized approver	Signature	Date
Name & Rank of 2nd authorized approver	Signature	Date

**FOR KS WING USE ONLY**

Received:
FC Approval:
Completed:

### **KSWG Form 3 Instructions:**

- \* This form is used to report deposits made to the subordinate unit's consolidated account, and to request disbursements and transfers from the Unit or Wing account. Check the box at the top of the form indicating the type of transaction being reported.
- \* Do not combine both a deposit report and a request for disbursement on the same form.
- \* All procedures are in compliance with CAPR 173-1 (15 Nov 2012). See the Regulation for further details or clarification.

#### **PART A: \* All requestors must complete this section.**

- \* The unit's name and charter number should be entered. If this form is being used by an entity that does not have a charter number (ie Cadet Programs or Encampment) simply leave the field for charter number blank.
- \* The Contact Phone # should be for the requestor or one of the approvers who can discuss this form with Wing Finance personnel during regular business hours.

#### **PART B: \* This section is used to report deposits to the unit's consolidated checking account.**

- \* List who the funds were received from, the purpose (ie dues, donation, reimbursement), and the payer's check number.
- \* List the chart of accounts number that this transaction should be recorded to, for example:  
5310012 Dues from Members 5424100 Supply Sales  
5412010 Contributions 6214000 Unit Events
- \* The total of the amounts listed should equal the amount actually deposited to the bank.
- \* Include a copy of the deposit slip and the checks.
- \* If you need space for more than 6 deposits, simply add a continuation sheet and transfer its total to this page.
- \* Complete the name & signature of the person making the deposit and the date it was actually deposited in the bank
- \* All funds must be deposited at any branch of **UMB** within 3 business days of receipt.  
Deposit to account # **987-207-1646 / Civil Air Patrol, Unit Funds**
- \* Deposit information must be provided to the KSWG/FM within 5 business days of making the deposit. If KSWG/FM does not have this information, and they are unable to determine the owner of the deposit, the funds will be divided equally among all of the units in the Wing Banker Program.

#### **PART C: \* This section is used to request a disbursement (by check or transfer) from a Unit or Wing account.**

- \* Complete the fields for:
  - \* Payable to (If it is a transfer to Wing, simply check the box.)
  - \* Payable from- is this a Wing or a Unit expense?
  - \* Purpose - a short narrative of what is being paid.
- \* List the chart of accounts number that this transaction should be recorded to, for example:  
8476030 Senior activities 8015000 Utilities 9520025 Vehicle fuel on Wg fuel card  
8475100 Cadet activities 7700100 Office supplies 9520010 Proficiency flying  
848000 Unit activities 9302000 Miscellaneous 7135000 Cadet scholarships  
8010010 Facility rent 7810000 Telephone
- \* List the total amount that should be paid or transferred for this disbursement
- \* All requests must be accompanied by detailed receipts.
- \* If this is an advance request- receipts and remaining funds **MUST** be returned to Wing within 10 days of the event and no more than 60 days following the request.
- \* Requests for payment should be turned in within 60 days. Late requests will not be processed.
- \* Provide the name and signature of the person requesting the disbursement, and the date signed / requested
- \* Provide the name and signature of the members authorized to approve the disbursement, (Unit or Wing) and the date signed. (Unit members must be approved on the CAP form 172 on file at Wing.)

#### **When complete:**

- \* Submit the KSWG Form 3 with copies of the deposit slip & checks or detailed receipts to Wing Headquarters for processing via:  
**Mail** : KSWG HQ, CAP/FM attn: June, 3024 Arnold Ave, Salina, KS 67401  
**Fax**: (785) 825-1116  
**E-Mail**: June@kswghq.kscoxmail.com
- \* Be sure to maintain a copy of the completed form with the units financial information