CAP PAYMENT/REIMBURSEMENT DOCUMENT FOR AVIATION/AUTOMOTIVE/MISCELLANEOUS EXPENSES

FOR CAP-USAF USE ONLY

PRINTED/TYPED NAME, OFFICE SYMBOL, SIGNATURE, DATE REVIEWED

1. Mission Number: | **Start Date (dd/mmm/yy):** | **Stop Date (dd/mmm/yy):**

2. Type Mission: ☐ SAR/DR ☐ EVAL/TRNG ☐ CD ☐ HLS ☐ OTHER _____

3. Claimant (Wing/Member):

4A. Mailing Address: **Check here if new address** ☐

4B. Phone Number:

5. Invoice (Refer to Instructions): ☐ FINAL ☐ PARTIAL **Estimate Outstanding: $**

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

A. CAP MEMBER (PRINTED/TYPED NAME): 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.

SIGNATURE AND DATE

B. WING COMMANDER OR DESIGNATED OFFICIAL (PRINTED/TYPED NAME): I CERTIFY THE ABOVE EXPENSES ARE A DIRECT RESULT OF SUPPORT/PARTICIPATION IN THE ABOVE LISTED USAF AUTHORIZED MISSION AND THAT THIS CLAIM IS TRUE AND PROPER FOR PAYMENT.

SIGNATURE AND DATE

C. CONTRACT/COOPERATIVE AGREEMENT NUMBER:
F41689-00-2-0001

D. OTHER FUNDING SOURCE:

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
(Applicable to all personnel/units submitting reimbursement/payment claims)

- All pilots flying on USAF authorized reimbursable missions MUST SUBMIT a CAPF 108 to the wing showing aircraft flown, ownership, and flying time (blocks 5A-K) even if no individual claim for reimbursement is made. This information is required for statistical purposes.
- Members must submit original CAPF 108 and appropriate receipts to the wing not later than 30 days after the close of the mission (60-day adjustment period).
- Wings must prepare a consolidated mission CAPF 108 and include corporate aircraft expenses.

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. Enter member name (or wing name on the consolidated 108).
BLOCKS 4A & 4B. Enter appropriate mailing address/phone number 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). If there are more claims, enter the estimated dollar amount required for the closure of the mission. 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 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. For consolidated CAPFs 108, the wing calculates the amount claimed for administration for missions so authorized (CD, INS, etc.). Add block 5H and 5I. Multiply the result by 15% and enter the result in Block 5J. This calculation is based on corporate and member owned aircraft and no other items.
BLOCK 5K. Enter amounts claimed for communications cost, aircraft oxygen service, authorized TDY expenses, etc., and attach original receipts.
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 11A AND 11B. Read, print/type name, sign and date the appropriate block.
BLOCK 11C Contract/Cooperative Agreement number is F41689-00-2-0001.
BLOCK 11D List other funding source, when not funded by the Air Force Cooperative Agreement.