

2022 FL Wing Summer Encampment

Fuel Slip

Date: _____

Tape Fuel Receipt Here

COV ID: _____

Starting mileage: _____

Ending mileage: _____

No. of Gallons: _____

Cost: _____

Name of Retailer: _____

City: _____

Reimburse to:

Payee Grade: _____

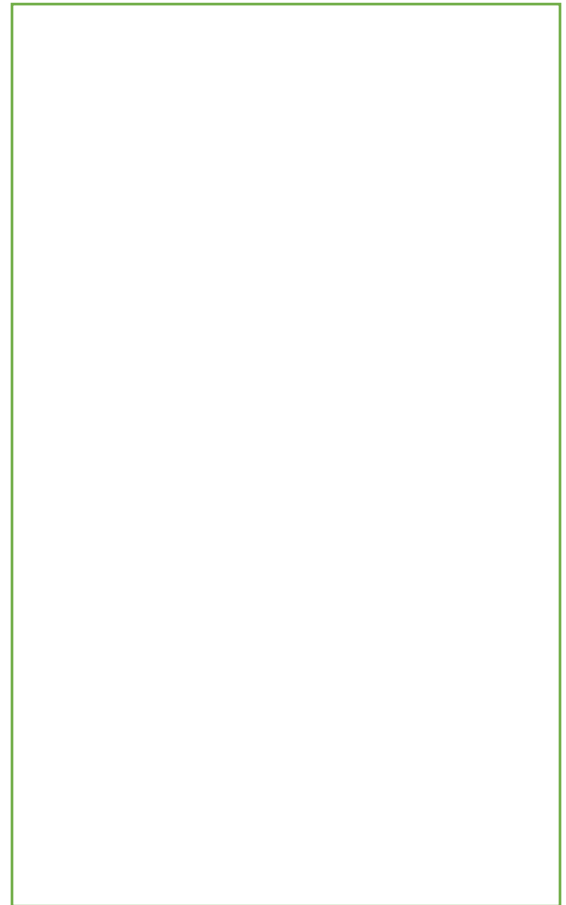
Payee Name: _____

Payee CAP ID: _____

Payee Address:

Payee Phone: _____

Payee email: _____



Email to: judith.hewett@flwg.cap.gov