

**VEHICLE REIMBURSEMENT REQUEST
REHABILITATION/WINDSHIELD REPAIR OR REPLACEMENT**

TO: NHQ/LGT

Date (mmm dd yy): _____

Part I. General Information/Point of Contact.

Wing: _____ **Wing Vehicle ID No.:** _____ **No. of Pages:** _____
Name: _____ **Phone:** () _____
Title: _____ **Fax:** () _____

Part II. Use Only For Vehicle Rehabilitation Reimbursement Request. Attach estimate for maintenance required (paint requests require two estimates and photos of vehicle).

Tires (1-4): _____ **Control Number:** _____
Battery (1 or 2): _____ **Control Number:** _____
Safety (specify type work): _____ **Control Number:** _____

Paint Job: **Yes** **No** **Control Number:** _____

Part III. Windshield Repair or Replacement Request.

Specify Type Work: _____ **Control Number:** _____

Grade and Name of Wing/Region Commander (or designated alternate)

E-Mail (gschneider@capnhq.gov)
or Fax (334-953-1668) completed form to NHQ/LGT