

Minnesota Wing Civil Air Patrol

Check Request

Check one: Wing Finance? ☐ Unit ☐ Request Date: _____

Unit Name: _____ Charter#: _____

Issue Check to, Name of Company or Individual: (Fill in line below)

Check to:					
Street Address:					
City:		St:		Zip +4	

ITEMIZED EXPENSES

Description	Inv#	Inv Due Date	QuickBooks Acct #	Amount
TOTAL:				

Be sure to attach ALL receipts verifying above expenses.

Statements CANNOT be paid without receipts.

Unit check amount of \$500.00 or more, must be approved, recorded in Finance Minutes and the minutes submitted with the check request.

These expenses were for the direct benefit of Civil Air Patrol.

Requestor Signature:	
Approval Signature:	
WG Only: CC/CS/CV/Dir:	
*Finance Committee Approval:	