

Minnesota Wing Civil Air Patrol

Check Request

Date Requested:

Select Unit/Squadron:

OR Wing:

Issue Check To (fill in name of company or individual):

Check if New Address

Check to:						Phone #:			
Street Address:									
City:					St:		Zip:		

ITEMIZED EXPENSES

Description	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 CAP ID:		Requestor Signature:	
Approver CAP ID:		Approver Signature:	
WG Only CAP ID: CC / CS / CV / Dir		Wing Signature	
*Finance Committee Approval			