

**GEORGIA WING CHECK REQUEST
FOR UNITS BELOW WING LEVEL**

DATE OF REQUEST:	UNIT CHARTER NUMBER:
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UNIT NAME:

CHECK ISSUED TO:
NAME
ADDRESS
TELEPHONE

ITEMIZED EXPENSES

LINE	DESCRIPTION	EXPENSE ACCT #	AMOUNT
1			
2			
3			
4			
5			
6			

TOTAL AMOUNT OF CHECK

NAME OF PREPARER:

PURPOSE:

UNIT FINANCE COMMITTEE

REQUIRED APPROVAL	SIGNATURE & PRINTED NAME	DATE
UNIT COMMANDER		
UNIT FINANCE COMMITTEE MEMBER		

WING HEADQUARTERS

FM VERIFICATION	
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