

**CHECK REQUEST  
FOR UNITS BELOW GEORGIA WING**

<b>DATE OF REQUEST:</b>	<b>UNIT CHARTER #: GA</b>
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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 APPROVALS PER CAPF 172 (OVER \$500.00 REQUIRES APPROVED FINANCE MEETING MINUTES)

<b>PRINT APPROVER'S NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>COMMANDER:</b>		
<b>FINANCE OFFICER:</b>		
<b>COMMITTEE MEMBER:</b>		
<b>COMMITTEE MEMBER:</b>		
<b>COMMITTEE MEMBER:</b>		

**WING HEADQUARTERS REVIEW / PROCESSING**

<b>RECEIVED:</b>	<b>ENTERED BY:</b>	<b>PAID:</b>	<b>PMT#</b>
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