CHECK REQUEST FOR UNITS BELOW GEORGIA WING

DATE OF REQUEST:

UNIT CHARTER #: GA

UNIT NAME:

CHECK ISSUED TO: NAME ADDRESS TELEPHONE

LINE DESCRIPTION EXPENSE ACCT # AMOUN 1		ITEMIZEI	D EXPENSES	3		
2 Image: State of the s	LINE	DESCRIPTION	E	XPENSE ACCT #	AMOUNT	
3	1					
4	2					
5 Image: Second State Stat	3					
6 Image: Constraint of the constraint	4					
TOTAL AMOUNT OF CHECK NAME OF PREPARER: PURPOSE: UNIT FINANCE APPROVALS PER CAPF 172 (OVER \$500.00 REQUIRES APPROVED FINANCE MEETING MINUTES) PRINT APPROVER'S NAME SIGNATURE DATE COMMANDER: FINANCE OFFICER: COMMITTEE MEMBER: COMMIT COMMITTEE MEMBER: COMMITTEE MEMBER: COMMIT COMMITTEE MEMBER: COMMIT COMMITTEE MEMBER: COMMIT COMMITTEE MEMBER: COMMIT COMMIT COMMITTEE MEMBER: COMMIT COM	5					
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RECEIVED: ENTERED BY: PAID: PMT#	WING HEADQUARTERS REVIEW / PROCESSING					
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