

**GEORGIA WING HEADQUARTERS CHECK REQUEST
FOR GENERAL OR STATE ACCOUNTS**

DATE OF REQUEST:	GENERAL:	STATE:
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CLASS TO BE CHARGED:

CHECK ISSUED TO:
NAME
ADDRESS
TELEPHONE

ITEMIZED EXPENSES

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

TOTAL AMOUNT OF CHECK	
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PURPOSE:

APPROVAL AND VERIFICATION

	Signature & Printed Name	Date
WING COMMANDER		
DIRECTOR		
FINANCE COMMITTEE MEMBER		
PLACED IN DOCUSIGN IN LIEU OF SIGNATURE APPROVAL		
DIRECTOR OF FINANCE		