Alaska Wing Civil Air Patrol
Financial Management
REQUEST FOR PAYMENT FROM SUBORDINATE UNIT

Charter:

Date of Request:

Date Needed:

Issue Check To:

Address Line

City State Zip

Please give Tail# or Veh# if applicable

Itemized Expense Account / Description		Asset	Amount

Total Amount: eck: $0.00

Unit Commander or other Unit Finance Committee Member Approval (Signature)

Date:

If expense is $500 or more, two signatures are required:

Second Unit Finance Committee Member Approval (Signature)

Date:

Comments: