

MAINE WING CHECK REQUEST

(for units below wing level)

Date of Request: _____

Date Needed by: _____

Unit: _____

Payee: _____

Street Address: _____

City, State, Zip _____

Email Address: _____

Phone: _____

Itemized Expenses:	Description	Account Number	Amount
1			
2			
3			
4			

Total Amount of Check:

If check amount is \$500 or more, date approval recorded in finance committee meeting minutes? _____

Unit Commander Approval: _____ Date: _____

Unit Finance Committee Member Approval: _____ Date: _____