

Payment Request Subordinate Unit - MIWGF 173C

I. Unit Information			
Unit Name			Charter Number
Contact Person	Telephone	Email	
II. Payment Information			
Date Sent	Payee		
New Address	Payee Address		
	Payee City	Payee State	Payee Zip
	Payee Phone	Payee email	
Reason for Payment (Justification)			
Payment Breakdown (use if payment is split among several expenses, otherwise, use the first line)	Item	Budget Account No.	Amount
	Item	Budget Account No.	Amount
	Item	Budget Account No.	Amount
Total Amount of Payment			
III. Approval of Payments of up to \$500.00			
CAPR 173-1 para. 9.b.(1) requires that each unit finance committee will supply the wing director of finance a list of authorized approvers and their signatures. The approver must be on file with MIWG/FM.			
Authorized Approver Signature (Ink only)	Date	Printed name	CAPID
IV. Approval of Payments greater than \$500			
CAPR 173-1 para. 9.b.(4) requires that the unit finance committee approve, in writing or via email, any expense transaction in excess of \$500.00. This payment request shall constitute our written approval.			
Unit Commander Signature	Date	Printed name	CAPID
Finance Officer Signature	Date	Printed name	CAPID
Finance Committee Member	Date	Printed name	CAPID
V. Wing HQ Use only			
Date Received	Received by:	Date Posted to QuickBooks	Posted by:
		Date Payment Mailed/Sent	Check Number