

**MO WING BANKER CHECK REQUEST FOR UNITS BELOW WING LEVEL\***

DATE OF REQUEST:  DATE NEEDED BY:

UNIT NAME  CHARTER NUMBER:

ISSUE CHECK TO:  MAIL CHECK TO: (IF DIFFERENT THAN ISSUED TO)

NAME OR COMPANY:

RANK OR TITLE:

STREET ADDRESS:

CITY, STATE, ZIP

| ITEMIZED EXPENSES: | DESCRIPTION          | DATE                 | ACCOUNT NUMBER:      | AMOUNT               |
|--------------------|----------------------|----------------------|----------------------|----------------------|
| LINE 1             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LINE 2             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LINE 3             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LINE 4             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LINE 5             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**IF THIS IS AN ADVANCE REQUEST WITHOUT A RECEIPT/INVOICE, INCLUDE MOWGF 173-F** TOTAL:

**COMMANDER OR FINANCE COMMITTEE MEMBER PRINTED/TYPED NAME & SIGNATURE:**  **DATE**

(MEMBERS CANNOT APPROVE A CHECK ISSUED TO THEMSELVES OR IF \$250 & UNDER TO MEMBERS OF THE SAME HOUSEHOLD)

**EXTRA FINANCE COMMITTEE MEMBER PRINTED/TYPED NAME & SIGNATURE FOR AMOUNTS IN EXCESS OF \$250.00:**  **DATE**

**FOR AMOUNTS IN EXCESS OF \$250.00, THE ABOVE SIGNATURES CERTIFY FINANCE COMMITTEE APPROVAL.** **DATE**

**ENTER DATE APPROVAL RECORDED IN FINANCE COMMITTEE MINUTES.**

**\*\*\*\*\*INSTRUCTIONS\*\*\*\*\***

1. \*This form is for units participating in Wing Banker to request a check for payment from their funds deposited in the Wing Unit Funds UMB Bank account. Use the MOWGF 173 (January 1998) Check Requisition to request reimbursement for all other purposes.
2. For "DATE NEEDED BY", please allow ten (10) business days for wing to process your request. Please consider and include mailing time.
3. If you want the check mailed to a different person than it's issued to, then fill out the "MAIL CHECK TO:" section. Otherwise, leave blank.
4. For itemized expenses, please use the account numbers listed below and provide a description of the transaction such as fundraising activity, payment for invoice 08VM08, etc. Also include the date of the specific transaction.
5. The check cannot be issued to the same person approving the request. For instance, the commander cannot approve a check to reimburse himself/herself for an expenditure. Checks \$250 and under may not be approved by members of the same household.
6. The form must include the required signatures as recorded on the unit's MOWGF 173-D. If the form is not signed, provide electronic approval by email and type authorized name in approval blocks as applicable. Include amount, payee and purpose of request in body of email.
7. If this is an advance request without a receipt/invoice, then include the MOWGF 173-F.
8. If mailed or faxed, do not include the reverse side of the form (this page).

**UNITS BELOW WING LEVEL  
ACCOUNT NUMBERS PER CAPR 173-1**

| ACCOUNT # | DESCRIPTION                       | ACCOUNT # | DESCRIPTION                    |
|-----------|-----------------------------------|-----------|--------------------------------|
| 7042000   | AWARDS                            | 8135000   | OTHER EQUIPMENT MAINTENANCE    |
| 7043000   | SCHOLARSHIPS                      | 8230000   | PUBLICATIONS                   |
| 7525000   | ACCOUNTING & AUDIT SERVICES       | 8240000   | PRINTING                       |
| 7535000   | PROFESSIONAL LEGAL SERVICES       | 831000    | TRAVEL                         |
| 7542000   | OTHER PROFESSIONAL SERVICES       | 8475010   | ENCAMPMENT EXPENSES            |
| 7685000   | MISSION EXPENSE - OTHER           | 8475020   | CADET ACTIVITIES               |
| 7710000   | OFFICE SUPPLIES                   | 8475030   | DRUG DEMAND REDUCTION PROGRAM  |
| 7735000   | EQUIPMENT PURCHASES               | 8475040   | GLIDER FLIGHTS EXPENSE         |
| 7745000   | COMMUNICATIONS EQUIPMENT PURCHASE | 8476010   | SENIOR ACTIVITIES EXPENSE      |
| 7810000   | TELEPHONE & COMMUNICATION         | 8541000   | CONFERENCE EXPENSE             |
| 7811000   | INTERNET FEES                     | 8710000   | INSURANCE                      |
| 7900000   | POSTAGE & SHIPPING                | 9102000   | BAD DEBTS                      |
| 8015000   | RENT                              | 9241000   | ADVERTISING                    |
| 8020000   | UTILITIES                         | 9302000   | MISCELLANEOUS EXPENSES         |
| 8080000   | CONTRIBUTED FACILITIES/UTILITIES  | 9380000   | INTEREST EXPENSE               |
| 8085000   | FACILITY EXPENDITURE - OTHER      | 9430000   | UNRELATED BUSINESS INCOME EXP. |
| 8085400   | FACILITY EXPENDITURE -UNITS       | 9432000   | EXPENDITURES WITH CAPMART      |
| 8101000   | VEHICLE MAINTENANCE               | 9435000   | EXPENDITURES WITH NHQ - OTHER  |
| 8110000   | EQUIPMENT LEASE                   | 9436000   | EXPENDITURES WITH REGION/WING  |
| 8130000   | AIRCRAFT FUEL                     | 9437000   | EXPENSES W/ UNITS BELOW WING   |
|           |                                   | 9438000   | FUND RAISING EXPENSES          |

MO WING BANKER CHECK REQUEST FOR UNITS BELOW WING LEVEL CONTINUATION PAGE

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DATE OF REQUEST:

DATE NEEDED BY:

UNIT NAME

CHARTER NUMBER:

ITEMIZED EXPENSES:

DESCRIPTION

DATE

ACCOUNT NUMBER:

AMOUNT

SUBTOTAL



LINE 6





LINE 7





LINE 8





LINE 9





LINE 10





LINE 11





LINE 12





LINE 13





LINE 14





LINE 15





LINE 16





LINE 17





LINE 18





LINE 19





PAGE 2 TOTAL:

**MO WING BANKER CHECK REQUEST FOR UNITS BELOW WING LEVEL CONTINUATION PAGE**

**PAGE 3 OF 3**

**DATE OF REQUEST:**

**DATE NEEDED BY:**

**UNIT NAME**

**CHARTER NUMBER:**

**ITEMIZED EXPENSES:**

**DESCRIPTION**

**DATE**

**ACCOUNT NUMBER:**

**AMOUNT**

**SUBTOTAL**

|                                    |  |  |
|------------------------------------|--|--|
| <b>SUBTOTAL FROM PREVIOUS PAGE</b> |  |  |
|------------------------------------|--|--|

**LINE 20**





**LINE 21**





**LINE 22**





**LINE 23**





**LINE 24**





**LINE 25**





**LINE 26**





**LINE 27**





**LINE 28**





**LINE 29**





**LINE 30**





**LINE 31**





**LINE 32**





**LINE 33**





**CHECK TOTAL:**