

## MO WING BANKER CHECK REQUEST FOR UNITS BELOW WING LEVEL

\*\*\*SEE REVERSE FOR INSTRUCTIONS\*\*\*

Date Submitted: \_\_\_\_\_

Requested Payment Date: \_\_\_\_\_

Unit Charter Number: MO- \_\_\_\_\_

Unit Name: \_\_\_\_\_

Issue Check To (Payee Name or Organization): \_\_\_\_\_

Mail Check To (Name or Organization): \_\_\_\_\_  
 (Required if Address is Different Than Payee's)

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### ITEMIZED EXPENSES

**\*\*\*MUST BE SUBMITTED WITHIN 60 DAYS OF INCURRING EXPENSE OR RECEIVING INVOICE OR WILL NOT BE HONORED\*\*\***

PROVIDE RECEIPTS/INVOICES FOR EACH EXPENDITURE UNLESS REQUESTING AN ADVANCE. THEN USE MOWGF 173-F

Vendor	Description/Purpose	Date of Expense	Amount
<b>TOTAL →</b>			

### APPROVAL

<b>Finance Committee Member's PRINTED/TYPED Name &amp; Signature Above (See Notes)</b>	<b>Date Above: ↑</b>
<b>Finance Committee Member's PRINTED/TYPED Name &amp; Signature Above (See Notes)</b>	<b>Date Above: ↑</b>
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\*\*\*NOTES - SEE REVERSE FOR DETAILED INSTRUCTIONS\*\*\*

1. Amounts **UNDER \$500** require a minimum of one (1) approval. Amounts **OVER \$500** require Finance Committee approval.
2. Electronic approval via e-mail in lieu of signatures is allowed. **See Reverse #13.**
3. Members cannot approve a check issued to themselves or if \$500 and under to members of the same household.

## INSTRUCTIONS

1. This form is for units below wing level 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-W, MO WG Check Request for Wing Level, to request reimbursement for all other purposes.
2. For "Date Submitted" enter the date submitted to wing.
3. For "Requested Payment Date" enter the date the check should arrive to the payee. Please allow ten (10) business days for wing to process your request and consider and include mailing time.
4. Enter unit charter # (e.g. MO-001) and unit name by selecting them from the drop-down (Excel version only).
5. Enter full name of payee. If you want the check mailed to an address different from the payee's, then include a name in the "Mail Check To" section. Otherwise, leave blank.
6. Enter the address to match the "Issue Check To" or "Mail Check To" as applicable.
7. Itemized Expenses - Each expenditure must be supported by proper documentation (receipt/invoice) unless requesting an advance of funds. If requesting an advance, then complete and submit a MOWGF 173-F instead.
8. For each itemized expense list the name of the vendor (e.g. John A. Doe, MO Wing CAP, Wreaths Across America, City of Boondock, etc.). **For dining receipts**, include the itemized receipt initially provided by the server prior to payment that lists meals, beverage, etc. The final credit card receipt is not sufficient alone.
9. Give a brief description or purpose of the expenditure such as Fund Raiser, Utility Bill, Vehicle Maintenance Fee, Snow Removal, etc. If there is an invoice number, then include it here. Below are some examples, although not all, of possible expenditure purposes. See the NHQ Chart of Accounts available on the MOWG Website for a more detailed list:

AWARDS  
SCHOLARSHIPS  
MISSION EXPENSE - OTHER  
OFFICE SUPPLIES  
EQUIPMENT PURCHASES  
COMMUNICATIONS EQUIPMENT PURCHASE  
TELEPHONE & COMMUNICATION  
INTERNET FEES  
POSTAGE & SHIPPING  
RENT  
UTILITIES  
CONTRIBUTED FACILITIES/UTILITIES  
FACILITY EXPENDITURE - OTHER  
VEHICLE MAINTENANCE

PUBLICATIONS  
PRINTING  
TRAVEL  
ENCAMPMENT EXPENSES  
CADET ACTIVITIES  
DRUG DEMAND REDUCTION PROGRAM  
SENIOR ACTIVITIES EXPENSE  
CONFERENCE EXPENSE  
INSURANCE  
ADVERTISING  
EQUIPMENT LEASE  
EXPENDITURES WITH REGION/WING  
FUND RAISING EXPENSES  
AIRCRAFT FUEL

10. Enter the date of the expense as shown on the receipt/invoice.
- !!!!!!!!!!!!!!!!!!!!!!ALL EXPENDITURES MUST BE SUBMITTED TO WING WITHIN 60 DAYS OF OCCURRENCE!!!!!!!!!!!!!!!!!!!!!!**
11. Enter the amount of the expenditure on each line. This will automatically total at the bottom (Excel Version Only).
12. If you have more entries than provided on the form, then complete a separate check request. Do not continue this request or carry forward totals on another form.
13. APPROVAL Section - The form must include the actual signature or electronic approval from a finance committee member as recorded on the unit's CAPF 172, Consolidated Authorizations Form. For electronic approval, type/print the member's name in the approval blocks. Include amount, payee and purpose of request in body of e-mail.
14. Members, commanders included, cannot approve a request issued to themselves.
15. Checks \$500 and under may not be approved by members of the same household.
- 16. FOR AMOUNTS OVER \$500, UNITS MUST INCLUDE THE FINANCE COMMITTEE SIGNATURES OR E-MAIL APPROVALS FROM A MAJORITY OF THE FINANCE COMMITTEE MEMBERS ALONG WITH THIS CHECK REQUEST. USE ELECTRONIC APPROVAL PROCEDURES LISTED ABOVE IN PARAGRAPH 13.**
17. If mailed or faxed, it is not necessary to include the reverse side of the form (this page).