

MO WING CIVIL AIR PATROL CHECK REQUEST FOR WING LEVEL

DO NOT USE FOR UNIT FUNDS (BELOW WING LEVEL) - SEE INSTRUCTIONS BELOW

Date Completed/Submitted: _____

Requested Payment Date: _____

Requested By: _____

Unit Charter Number: MO- _____

Unit Name: _____

Issue Check To (Payee) :

(Name or Organization) _____

Street Address: _____

City, State, Zip: _____

ITEMIZED EXPENSES

MUST BE SUBMITTED WITHIN 60 DAYS OF INCURRING EXPENSE OR RECEIVING INVOICE TO BE HONORED

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

Vendor	Description/Purpose (No Account #s)	Date of Expense	Amount
FOR WING USE ONLY: GENERAL FUNDS <input type="checkbox"/> CADET FUNDS <input type="checkbox"/>		TOTAL →	

WING APPROVAL

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Printed/Typed Name & Signature of Designated Wing Approver↑

Date:↑

Note: Signature Not Required When Approved Through Sertifi.

INSTRUCTIONS

1. This form is for use by wing members requesting reimbursement from wing level funds. A PDF version is available for manual entry. For reimbursement from Wing Banker Unit Funds (Below Wing Level) use MOWGF 173-C.
2. Enter the completed/submitted date and the date the payment should arrive to the payee.
3. Enter the requester's name, then select the drop-down arrows (Excel Only) for unit charter number and unit name .
4. Enter the payee's name and mailing address.
5. 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.
6. Complete a separate entry for each receipt/invoice. The amounts will total automatically at the bottom (Excel Only).
7. Scan and email (PDF Preferred), fax or mail completed form and support documents to MO Wing Headquarters at hq@mowg.cap.gov, 660-687-3848 or PO Box 5044, Whiteman AFB, MO 65305.