

Washington Wing Check Request

PCR-WA-		Charter: _____		Unit: _____		Request Date: _____	
Issue check to:							
		Payee					
Address line 1:							
		Street or PO BOX number					
Address line 2:							
		Bldg, Suite or Apt number					
		City					
		WASHINGTON					
		State		ZIP			
Check Disposition							
<input type="checkbox"/> Mail to Payee							
<input type="checkbox"/> Hold for pickup on:				by:			
		Date				Person	
<input type="checkbox"/> Deliver to:							
		Person				Location:	
<input type="checkbox"/> Transfer \$ to:							
		Unit or Account					
<input type="checkbox"/> Other:							
		Describe					
Item Descriptions				Re-sale to Member <input type="checkbox"/>		\$ Amount	
1				<input type="checkbox"/>		\$	
2				<input type="checkbox"/>		\$	
3				<input type="checkbox"/>		\$	
4				<input type="checkbox"/>		\$	
				Total amount of check:		\$	
		Submitted by					
APPROVAL							
Date		Typed Name and Grade					
		Unit Finance Officer				Signature	
		Finance Committee member				Signature	
		Unit Commander				Signature	
<input type="checkbox"/>		If the check will be more than \$500, attach the finance committee minutes showing the expense approval.					