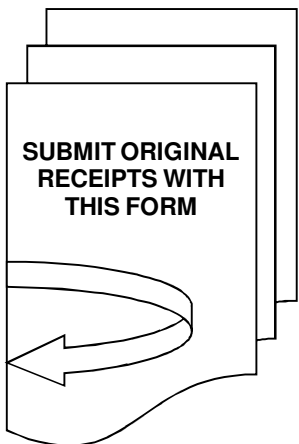


CIVIL AIR PATROL - WING BANKER CHECK REQUEST FORM

Name of Squadron Requesting Check: _____

Charter No: _____



Make Check Payable To:

Name: _____

Address: _____

City / State: _____ Zip+4: _____

Requested By: _____ Date: _____

e-mail Address: _____ Phone: _____

Approved By: _____ Date: _____

Print Name: _____

Approved By: _____ Date: _____

Print Name: _____

All expense transactions in excess of \$500 must have two unit finance committee approved signatures with approval date recorded in finance committee minutes. Units participating in the Wing Banker Program must provide approval notification to the wing in writing, by fax, or e-mail. e-mail this form with receipts to: bob.koob@insightbb.com OR Fax this form with receipts to: 888.412.2270. See Sertifi Note Below.

Description:	Acct No:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

In lieu of actual signatures, units may request electronic signatures through Wing Sertifi. Unit Commanders may e-mail signature requests to the Wing Commander. This form and receipts must accompany requests.

Total Amount \$ _____