

**COLORADO WING CHECK REQUEST  
FOR UNITS BELOW WING LEVEL**

FY10-CR-0215-15

\$18.00

DATE OF REQUEST: **01/25/2010**

DATE NEEDED BY: **26 FEB 2010**

UNIT NAME: **Air Academy Composite Squadron**

CHARTER NUMBER: **RMR-CO- 159**

**ISSUE CHECK TO**

**NAME OR COMPANY:** Abigail Votava

Mail to: Air Academy Composite Squadron

**STREET ADDRESS:** P.O. Box 261

**CITY, STATE ZIP:** USAFA, CO 80840-0261

**EMAIL ADDRESS:** cheryl@mahon.us

**PHONE:** (719) 590-8673

**ITEMIZED EXPENSES**  
(Please list each receipt separately)

LINE	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
1	AFA Football Game Tailgate Refund	9302 000	18.00
2			
3			
4			
5			
6			
7			
8			
9			
10			
<b>TOTAL AMOUNT OF CHECK</b>			<b>\$18.00</b>

**REMARKS**

REQUIRED APPROVAL	SIGNATURE	DATE
SIGNATURE OF AUTHORIZED CHECK REQUESTER	<i>Mittie Belin</i>	07 FEB 10
SIGNATURE OF AUTHORIZED CHECK REQUESTER	<i>Tom Egger</i>	7 Feb 10
IF CHECK IS OVER \$500, ENTER DATE OF UNIT FINANCE COMMITTEE APPROVAL.		_____