

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

FY10-CR-0215-17

\$50.00

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: Daniel Tracy

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	50.00
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL AMOUNT OF CHECK			\$50.00

REMARKS

REQUIRED APPROVAL

SIGNATURE

DATE

SIGNATURE OF AUTHORIZED CHECK REQUESTER

[Handwritten Signature]

07 FEB 10

SIGNATURE OF AUTHORIZED CHECK REQUESTER

[Handwritten Signature]

7 Feb 10

IF CHECK IS OVER \$500, ENTER DATE OF UNIT FINANCE COMMITTEE APPROVAL.
