

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

FY10-CR-0215-19

\$25.00

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: Neil Mahon

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 | 25.00 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| TOTAL AMOUNT OF CHECK | | | \$25.00 |

REMARKS

| REQUIRED APPROVAL | SIGNATURE | DATE |
|--|--------------------|-----------|
| SIGNATURE OF AUTHORIZED CHECK REQUESTER | <i>[Signature]</i> | 07 FEB 10 |
| SIGNATURE OF AUTHORIZED CHECK REQUESTER | <i>[Signature]</i> | 7 Feb 10 |
| IF CHECK IS OVER \$500, ENTER DATE OF UNIT FINANCE COMMITTEE APPROVAL. | | _____ |