

COLORADO WING CHECK REQUEST FOR UNITS BELOW WING LEVEL

DATE OF REQUEST: _____

DATE NEEDED BY: _____

UNIT NAME: _____

CHARTER NUMBER: RMR-CO-_____

ISSUE CHECK TO
NAME OR COMPANY: _____

STREET ADDRESS: _____

CITY, STATE ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

ITEMIZED EXPENSES (Please list each receipt separately)

LINE	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL AMOUNT OF CHECK			

REMARKS

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