

NEW YORK WING CHECK REQUEST
FOR UNITS BELOW WING LEVEL

DATE OF REQUEST:

SQUADRON NUMBER:

UNIT NAME

ISSUE CHECK TO:
NAME OR COMPANY:

Mailing Address:
WESTCHESTER COUNTY AIRPORT

STREET ADDRESS:

24 LOOP ROAD, BLDG 1

CITY, STATE ZIP

WHITE PLAINS, NEW YORK 10604-1218

E-MAIL ADDRESS

NewYorkWingHQ@aol.com

PHONE

ITEMIZED EXPENSES:	DESCRIPTION	ACCOUNT NUMBER:	AMOUNT
LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
LINE 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT OF CHECK

IF CHECK AMOUNT IS \$250.00 OR MORE, FINANCE COMMITTEE APPROVAL MUST BE COMPLETED:

UNIT COMMANDER APPROVAL:

DATE:

UNIT FINANCE COMMITTEE MEMBER APPROVAL:

DATE: