

# New York Wing Civil Air Patrol

## Request for Check

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Made payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

In payment for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of requestor

**Notice: All invoices and receipts must be attached to this request.**

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### For headquarters use only

Approved:

Denied:  Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Aircraft Maintenance Officer      Date      Vehicle Maintenance Officer      Date

\_\_\_\_\_  
Emergency Services Officer      Date      Counter Drug Officer      Date

\_\_\_\_\_  
Wing Commander      Date

\_\_\_\_\_  
Wing Finance Officer      Date      Paid by Check #: \_\_\_\_\_