



Headquarters North Carolina Wing Civil Air Patrol



Unit Recurring Expense Authorization

DATE OF REQUEST: _____

CHARTER NUMBER: NC _____

UNIT NAME: _____

The Finance Committee Authorizes NC Wing HQ to Submit Recurring Payments to

Company: _____

Address: _____

City/State/Zip: _____

On a Recurring Basis until rescinded as long as the bill does not exceed
Amount _____

If the payment requested exceeds the limit stated, Wing HQ must contact the unit commander to obtain additional authorization. If the unit does not have enough funds to cover the requested payment, Wing HQ must contact the unit commander for further resolution.

*******Payment Request Form Requires Two Authorized Signatures*******

UNIT COMMANDER NAME: _____ **Date:** _____

SIGNATURE: _____

**UNIT FINANCE OFFICER
OR COMMITTEE APPROVAL:** _____ **Date:** _____

SIGNATURE: _____

WING USE ONLY BELOW THIS LINE

DATE RECEIVED: _____

RECEIVED BY: _____