IOWA WING HEADQUARTERS
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO Box 1002
Johnston, IA 50131

RESET FORM

AUTHORIZATION
UNIT EXPENSE IN EXCESS OF $500

Unit Charter Number:	**Request Date:**
Requested By:	**CAPID:**
Payment To:	**Phone:**
Payment For:	
Payment Address:	**Total Amount:**

The above Unit Commander hereby authorizes the Iowa Wing of the Civil Air Patrol to submit the above payment.

If the Unit does not have enough funds to pay the above-described expense, the Iowa Wing Headquarters must contact the Unit Commander so additional funds may be deposited into the Unit account.

The Unit Commander and Unit Finance Officer, by signing below, certify and attest that the payment of these funds, since they are $500 or more, has been REVIEWED AND APPROVED BY THE FINANCE COMMITTEE before authorizing Iowa Wing Headquarters to take action. The designated Officers further certify and attest that written minutes of the previously described finance committee's meeting were taken and are held by the unit and made part of the permanent financial records for this Unit. **The minutes approving this expense are attached to this request.**

Authority	Name	Signature	Date Approved
Unit Commander			
Unit Finance Officer			
Wing Finance Director			

Attach Committee Meeting Minutes approving above expenditure.
Attach this form and minutes to Check Request Form.

Email packet to imatthews@iawg.cap.gov for processing.