

MINNESOTA WING C.A.P.
CHECK REQUEST

AMOUNT \$ _____

DATE: _____

CHECK PAYABLE TO: _____

ADDRESS: _____

CHECK IS FOR: _____

The costs claimed above were made on official Civil Air Patrol business.

Requested by: _____ Dept. _____

Approved by: _____

Finance Committee Approval: _____

PAID BY CHECK # _____

DATED _____

MNWG FORM 16f, AUG 90, ALL PREVIOUS EDITIONS ARE OBSOLETE. (LOCAL REPRODUCTION IS AUTHORIZED.)

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