HEADQUARTERS
HAWAII WING, CIVIL AIR PATROL
United States Air Force Auxiliary
P.O. Box 29417, Honolulu, Hawaii 96820

CHECK REQUEST
(PLEASE PRINT ALL DATA)

TODAY'S DATE: _____

CHECK PAYABLE TO:
_____
_____
ADDRESS/STATE/ZIP:
_____
VENDOR (IF DIFFERENT FROM ABOVE):

REQUESTED BY:
_____
AUTHORIZED BY:
_____
SQDRN CC:
_____
WING CC:
_____
OTHER:
_____

Additional required information needed where necessary.
BUSINESS:
FED TAX ID #: _____
HI ST TAX ID #: _____
ST GRS INC LIC #: _____

NON-BUSINESS INDIVIDUALS:
SSN #: _____

DESCRIPTION OF PARTS AND/OR REPAIRS (USE BACK IF MORE SPACE IS NEEDED)	COST	
TOTAL THIS SIDE:		
TOTAL REVERSE SIDE:		
TOTAL:		

Aircraft parts/repairs, JOB CONTROL NUMBER: _____

_____
SIGNATURE OF REQUESTOR DATE

_____
SIGNATURE OF AUTHORIZER DATE

_____
SIGNATURE OF WING COMMANDER DATE

JUSTIFICATION:
_____
_____
_____
_____

NOTE: ALL PURCHASES GREATER THAN $300.00 PLEASE SUBMIT THIS FORM TO THE HIWG FINANCE COMMITTEE FOR APPROVAL FOR PURCHASE.

THANK YOU.

CDC CONTROL CODE:
_____

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DESCRIPTION OF PARTS AND/OR REPAIRS	COST	
TOTAL TO CARRY FORWARD TO FRONT OF FORM:		

HIWG FORM 201 21 JAN 2005 REVERSE

HIWG FORM 201 21 JAN 2005 (All previous editions are obsolete) FRONT