

Payment Request for Michigan Wing Banker System (MiWBS)

I. Unit Information				
Unit Name			Charter Number	
Contact Person		Telephone	Email	
II. Payment Information				
Payment Date	Payee			
	Payee Address			
	Payee City		Payee State	Payee Zip
Payee Memo (Account Number, etc.)		Payee Phone	Payee email	
Reason for Payment (Justification)				
Payment Breakdown (use if payment is split among several expenses, otherwise, use the first line)	Item		CAP Account No.	Amount
	Item		CAP Account No.	Amount
	Item		CAP Account No.	Amount
Total Amount of Payment				
III. Approval of Payments of up to \$500.00				
CAPR 173-1 para. 9.b.(1) requires that each unit finance committee will supply the wing director of finance a list of authorized approvers and their signatures. The approver must be on file with MIWG/FM.				
Authorized Approver		Date	Printed name	CAPID
IV. Approval of Payments greater than \$500				
CAPR 173-1 para. 9.b.(4) requires that the unit finance committee approve, in writing or via email, any expense transaction in excess of \$500.00. This payment request shall constitute our written approval.				
Unit Commander Signature		Date	Printed name	CAPID
Finance Officer Signature		Date	Printed name	CAPID
Finance Committee Member		Date	Printed name	CAPID
V. Wing HQ Use only				
Date Received	Received by:		Date Posted to QuickBooks	Posted by:
Date Closed in MiWBS	Closed by:		Date Payment Mailed/Sent	Check Number