Idaho Wing Deposit/Disbursement Request

Submit completed form to: admin@idwgcap.org

Unit:		**Date:**	

DEPOSIT

Ck# or Cash	Received From Last Name, First Name	Deposit Information (Description of funds deposited)	Deposit Amount

All funds collected will be deposited. Cash will not be used to pay for expenses. A bank-generated deposit slip & scans of all checks/money orders must accompany this form and must be submitted to the wing administrator within 7 days of the deposit being made at the bank.

Total Deposit: $ 0.00

WITHDRAWAL

Make check payable to:			
Address:			
Email:		**Phone #:**	

Itemized Detailed Expense Description(s) Including A/C Tail Number or Vehicle ID	Amount

Attach additional sheet(s) if needed

Total Withdrawal: $ 0.00

All expenses must be documented with detailed receipts that show the vendor name, purchase date & item(s) purchased.

Fuel receipts must also show gallons & price per gallon. Vehicle ID or A/C Tail Number must be written on receipt.

Personal credit card statements or bank statements showing a purchase are not sufficient documentation.

Name & Grade of Requestor (Printed):	

APPROVAL(S)

Name Printed:		**Signature:**		**Date:**	
Name Printed:		**Signature:**		**Date:**	
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