

**WYOMING WING
SUBORDINATE UNIT RECURRING EXPENSE AUTHORIZATION**

I. UNIT INFORMATION			
Unit Name:	Unit Number:	Date:	
Commander – Grade & Name:	Action Number:		
II. EXPENSE INFORMATION			
The Finance Committee authorizes Wyoming Wing Headquarters to submit payment to the following vendor:			
Name of vendor to be paid:			
Vendor Street Address:			
City:	State:	Zip Code:	
Payment to this vendor will be made on the unit's behalf without additional written approval.			
Wyoming Wing is authorized to submit payments up to:	Amount:	Pay Period (i.e. per month)	
<ul style="list-style-type: none"> • If the payment requested exceeds the limit stated, Wyoming Wing Headquarters must contact the unit commander to obtain authorization. Payment may not exceed \$300.00 • If the unit does not have sufficient funds to cover the requested payment, Wyoming Wing Headquarters must contact the unit commander so that additional funds may be deposited into their account. 			
III. AUTHORIZATION			
Unit Commander – Grade & Name	Signature of Unit Commander	Date	
Unit Finance Officer – Grade & Name	Signature of Unit Finance Officer	Date	
Wing Finance Officer – Grade & Name	Signature of Wing Finance Officer	Date	
Wing Commander – Grade & Name	Signature of Wing Commander	Date	
IV. DISTRIBUTION & RENEWAL			
Distribution: 1 – Unit Finance Officer 1 – Wing Finance Officer		Renewal: This payment Authorization must be renewed on: 1 October of each year <i>and</i> When any billing changes occur	