



Headquarters North Carolina Wing Civil Air Patrol



Recurring Expense Authorization

DATE OF REQUEST: _____

The Director of _____ Authorizes NC Wing HQ to
Submit Recurring Payments to

Company: _____

Address: _____

City/State/Zip: _____

On a Recurring Basis until rescinded as long as the bill does not exceed
Amount _____

If the payment requested exceeds the limit stated, Wing HQ must contact the director to obtain additional
authorization.

SIGNATURE: _____

WING USE ONLY BELOW THIS LINE

DATE RECEIVED: _____

RECEIVED BY: _____