## **Consolidated Finance Authorizations**

**Effective Date** 

Region/Wing/Unit		- -	
	oices on behalf of the above region/wing/unit. Addition excess of \$1,500 and for all credit card payments regardl APR 173-1 Para 6i)		
Approval Authority Name/Position	Type of Expenditures to Approve		Amount
		-	
		<del>-</del>	
		=	
		<del>-</del> -	
		_	
		<del>-</del> -	
B. The following items are recurring expenses 9b(6), 9c(7))	for the above region/wing/unit and do not require furth	er approval f	or payment: (CAPR 173-1 Para 9a(6),
Vendor Name	Purpose (please use the drop down box)	Mo/Qtr	Amount (\$1,500 or less for region/wing; \$500 or less for unit)
		-	
C. The following individuals are authorized to the first line)	use the corporate credit card in accordance with CAPR 1	73-1 Para 20a	and 20b: (if none, indicate NONE in
Name:	Credit card description:	_	Credit limit:
		_	
		_	
		=	
		-	
D. The following are authorized to make trans	sfers between bank accounts of the above wing as indica	ted below: (N	I/A for units) (CAPR 173-1 Para 11o)
Name:	Account or type of transfer:	_	Amount not to exceed:
		_	
		=	
		_	

 $Region/wing\ finance\ committee\ authorization\ form\ must\ be\ submitted\ through\ Sertifi.$ 

## ${\it Units\ must\ sign\ form\ below\ and\ send\ to\ wing\ HQs.}$

The finance committee consists of the following individuals and approves the above authorizations.

Typed Name - Chairman	Signature	Date	Email Address
Typed Name - Director of Finance	Signature	Date	Email Address
Typed Name - Finance Committee Member	Signature	Date	Email Address
Typed Name - Finance Committee Member	Signature	Date	Email Address
Typed Name - Finance Committee Member	Signature	Date	Email Address
Typed Name - Finance Committee Member	Signature	Date	Email Address
Typed Name - Finance Committee Member	Signature	Date	Email Address
Typed Name - Finance Committee Member	Signature	Date	Email Address
CAPF 172, June 18			OPR/ROUTING: FN