

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: Unit Recurring Expense Letter

The finance committee of this unit hereby authorizes Kansas Wing FMO to submit payment to the following vendors on our behalf without additional written approval. Kansas Wing FMO is authorized to submit payment to these vendors up to the state dollar limit per month. If the payment requested exceeds the stated dollar limit, Kansas Wing FMO must contact the Unit Commander to obtain additional authorization. In addition, if our unit does not have sufficient funds in our account to pay a bill, Kansas Wing FMO must contact our Unit Commander to notify him/her that additional funds need to be deposited into our account before payment is made.

<u>Vendor</u>	<u>Purpose</u>	<u>\$ Limit (per month)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Title:</u>	<u>Print Name:</u>	<u>Signature:</u>
Commander	_____	_____
Finance Officer	_____	_____
Administrative Officer	_____	_____
Finance Committee Member	_____	_____

NOTE: This letter will need to be renewed on 1 OCT each year, and as needed throughout the year.