

**REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS**

**SECTION I. (To be completed by Requester)**

send to: 87FSS.SSM.W@us.af.mil

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| 1. TO<br><b>JB MDL 87 FSS/FSRA</b>              | 2. FROM                             | 3. PROJECT OFFICER AND EXTENSION |
| 4. DATE OF REQUEST                              | 5. AMOUNT REQUESTED                 |                                  |
| 6. INFORMATION TO SUPPORT REQUEST               |                                     |                                  |
| A. FUNCTION/EVENT                               | B. DATE AND PLACE OF FUNCTION/EVENT |                                  |
| C. GUEST(S) OF HONOR                            |                                     |                                  |
| D. PARTICIPANTS:                                | OFFICERS                            | ENLISTED                         |
| E. TOTAL COSTS (Not to exceed amount requested) |                                     | F. AVERAGE COST PER PERSON       |

|   |   |  |
|---|---|--|
| <input type="checkbox"/> (1) FOOD/DRINK | <input type="checkbox"/> (2) PAPER PRODUCTS | <input type="checkbox"/> (3) OTHER - SPECIFY IN G. REMARKS |
|---|---|--|

**G. REMARKS** - Give detailed information on what will be purchased for reimbursement.  
 (Light refreshments: only nonalcoholic beverages (i.e. coffee, tea, milk, juice, punch, soft drinks, and water), yogurts, pastries, bagels, fruit/vegetable/cheese and cracker trays, pretzels, cookies, chips, dips, cake, and muffins are authorized. The cost of light refreshments may include the cost of disposable serving ware (e.g., paper napkins, disposable forks, cups, and plates) and any club or other Morale, Welfare, and Recreation activity service charge, delivery fee, or set-up fee. The purchase of china, silverware/flatware, tablecloths, plates, glasses, punch bowls and cups, chafing dishes, serving trays, coffee urns, etc., from Special Morale and Welfare is prohibited.)

7. I certify that this request represents the minimum amount required to achieve the desired outcome. I understand that I cannot obligate the Air Force for any costs exceeding the amount approved. Requests MUST be approved in advance before any purchases can be made.

|                             |              |          |
|-----------------------------|--------------|----------|
| 8. NAME, TITLE OF REQUESTOR | 9. SIGNATURE | 10. DATE |
|-----------------------------|--------------|----------|

**SECTION II. (To be completed by FM NAFFA)**

|  |  |   |
|--|--|---|
| 1. Expenditure is <input type="checkbox"/>             | is not <input type="checkbox"/>        | authorized APF (ORF) support IAW AFI 65-603.  |
| Expenditure is <input type="checkbox"/>                | is not <input type="checkbox"/>        | authorized APF support IAW AFI 65-601. APFs are <input type="checkbox"/> available <input type="checkbox"/> are not available |
| Expenditure is <input type="checkbox"/>                | Rule Verified <input type="checkbox"/> | <input type="checkbox"/> is not authorized SM&W support   |
| 2. NAME, TITLE OF REVIEWER<br>Lindsey Hoffman<br>NAFFA | 3. SIGNATURE                           | 4. DATE   |

**SECTION III. (To be completed by SVS RMFC)**

|  |                                      |  |
|--|--------------------------------------|--|
| 1. Expenditure is <input type="checkbox"/>                                 | is not <input type="checkbox"/>      | authorized SM&W support IAW AFMAN 34-201, Table 12.1, Rule No. |
| Recommend APPROVAL <input type="checkbox"/>                                | DISAPPROVAL <input type="checkbox"/> | Control Number   |
| 2. NAME, TITLE OF REVIEWER<br>Sonya Haggerty<br>Chief, Resource Management | 3. SIGNATURE                         | 4. DATE  |

**SECTION IV. (To be completed by Approving Authority)**

|  |   |           |
|--|---|-----------|
| 1. TO<br><b>87 FSS/CC</b>  | 2. <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVED | 3. AMOUNT |
| 4. NAME, TITLE OF APPROVING AUTHORITY<br>JOSEPH A. MCINTOSH, Lt Col, USAF<br>JB MDL/CD-A | 5. SIGNATURE  | 6. DATE   |

**AMC IMT 37, 20040401, V1**

PREVIOUS EDITION IS OBSOLETE

|                  |                    |
|------------------|--------------------|
| <b>DATE PAID</b> | <b>AMOUNT PAID</b> |
|------------------|--------------------|