

REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS

SECTION I. (To be completed by Requester)

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

1. TO JB MDL 87 FSS/FSRA	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
(1) FOOD/DRINK	(2) PAPER PRODUCTS	(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
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SECTION II. (To be completed by FM NAFFA)

1. Expenditure is	is not	authorized APF (ORF) support IAW AFI 65-603.
Expenditure is	is not	authorized APF support IAW AFI 65-601. APFs are available are not available
Expenditure is	Rule Verified	is not authorized SM&W support
2. NAME, TITLE OF REVIEWER NAFFA		3. SIGNATURE
		4. DATE

SECTION III. (To be completed by SVS RMFC)

1. Expenditure is	is not	authorized SM&W support IAW AFMAN 34-201, Table 12.1, Rule No.
Recommend APPROVAL	DISAPPROVAL	Control Number
2. NAME, TITLE OF REVIEWER Chief, Resource Management		3. SIGNATURE
		4. DATE

SECTION IV. (To be completed by Approving Authority)

1. TO JB MDL/CD-A	2. APPROVAL DISAPPROVED	3. AMOUNT
4. NAME, TITLE OF APPROVING AUTHORITY JB MDL/CD-A		5. SIGNATURE
		6. DATE

AMC IMT 37, 20040401, V1

PREVIOUS EDITION IS OBSOLETE

DATE PAID

AMOUNT PAID