

REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS

SECTION I. (To be completed by Requestor.)

1. TO JB MDL/CD-A	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) LIGHT REFRESHMENTS	(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. Request MUST be approved in advance before any purchases can be made.

8. NAME, TITLE OF REQUESTOR	9. DIGITAL SIGNATURE	10. DATE
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SECTION II. (To be completed by FSS 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
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SECTION III. (To be completed by FM NAFFA)

1. Expenditure is is not authorized APR (ORF) support IAW AFMAN 65-603.
 Expenditure is is not authorized APF support IAW AFMAN 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
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SECTION IV. (To be completed by Approving Authority)

1. TO 87 FSS/FSRA	2 <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVED	3. AMOUNT
4. NAME, TITLE OF APPROVING AUTHORITY JB MDL/CD-A	5. SIGNATURE	6. DATE