

**E-MAIL FORMAT FOR UNIT ENHANCEMENT FUNDS REQUEST
SEND TO: 87 FSS/FSR**

TO:	FROM:	DATE:	AMOUNT REQUESTED:
FUNCTION TYPE:		DATE & LOCATION:	
EXPLANATION: (SPECIFIC DETAILS)			
ATTENDANCE: MIL: _____ CIV _____		TOTAL FOOD & BEVERAGE COST:	AVERAGE COST PER PERSON:
PROJECT OFFICER:			
REQUESTING OFFICIAL AUTHENTICATION			
TYPED NAME, GRADE, & TITLE:		SIGNATURE:	Date:

APPROVAL STEPS

PROJECT OFFICER	POC- NAME-PHONE # NAME-GRADE-TITLE	Date:
COMMANDER/DELEGATED AUTHORITY _____ <i>Signature</i>	Approved ____ Disapproved ____ Amount	Date:
Unit Fund Custodian:	For FSS/FSR notification of approval purpose only	Date: