

REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|-------------------------------------|----------------------------------|--|
| SECTION I. (To be completed by Requestor.) | | | | | |
| 1. TO <p align="center">375 FSS/FSR</p> | | 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 | CIVILIAN | |
| E. TOTAL COSTS (Not to exceed amount requested) | | | | F. AVERAGE COST PER PERSON | |
| (1) LIGHT REFRESHMENTS | | | (2) PAPER PRODUCTS | | |
| G. REMARKS (Give detailed information on what will be purchased for reimbursement.) | | | | | |
| <i>All requests must be approved in advance</i> | | | | | |
| 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 | |
| SECTION II. (To be completed by FSS 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 | | 3. DIGITAL SIGNATURE | | 4. DATE | |
| SECTION III. (To be completed by FM NAFFA) | | | | | |
| 1. Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized APR (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"/> is not authorized SM&W support | | | | | |
| 2. NAME, TITLE OF REVIEWER | | 3. DIGITAL SIGNATURE | | 4. DATE | |
| SECTION IV. (To be completed by Approving Authority) | | | | | |
| 1. TO | | 2 <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVED | | 3. AMOUNT | |
| 4. NAME, TITLE OF APPROVING AUTHORITY | | 5. DIGITAL SIGNATURE | | 6. DATE | |