

## SPECIAL MORALE AND WELFARE (SM&W) FUNDING REQUEST

Submit request by email **at least 10 workdays prior to date of event to:** maria.daniels.1 @us.af.mil to ensure timely processing.

**SECTION I - EVENT INFORMATION (To be completed by requesting organization):**

Description of Event:	Date:
	Control No.:

Event Specifics		Number of Attendees	
Place:	Date:	Non-DoD	
		DOD Personnel	
For Whom/Guest of Honor		Total	0

Name (first and last)	Grade/Rank	Title	Unit/Office Symbol

Description	Quantity	Unit Price	Total Price
Light refreshment not to exceed \$300.00			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>TOTAL</b>			\$ 0.00

Name and Grade of Requesting Officer	Signature
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**SECTION II -COMPTRROLLER/NAFFA REVIEW: APF/ORF funding for this function:  is authorized  is not authorized IAW AFI 65-601, Vol 1 or AFI 65-603.**

Name, Grade, Title	Signature
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**SECTION III -FSS FUND CUSTODIAN REVIEW:**

	<input type="checkbox"/>	<b>Recommend Approval</b>	<input type="checkbox"/>	<b>Recommend Disapproval</b>
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Rule # _____	Category (1601-1609) _____	Office Use:
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Resource Manager or Designee Name & Grade	Signature
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**SECTION IV - APPROVAL OF EXPENDITURE (To be completed by Commander or Designee):**

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DISAPPROVED</b>
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Name and Grade of Approving Official	Signature
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OFFICE USE ONLY:		Transfer (for FSS Club Catered Functions)
	<input type="checkbox"/>	Cash after Event (bring receipts to _____); if > \$500, EFT Form is needed
Rule # _____	\$ _____	Rule # _____ \$ _____ actually spent
Rule # _____	\$ _____	Rule # _____ \$ _____ actually spent