

SPECIAL MORALE AND WELFARE (SM&W) FUNDING REQUEST

Submit request by email **at least 10 workdays prior to date of event to:** 50msg.svfbl @us.af.mil to ensure timely processing.

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

Description of Event:	Date:
	Control No.: n/a

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 Refreshments NTE \$75.00 or \$3.00 per person whichever is less	1	\$ 75.00	\$ 75.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
		TOTAL	\$ 75.00

Name and Grade of Requesting Officer	Signature
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SECTION II -COMPROLLER/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 "SIGNED MEMO ON FILE FOR FY24"	Signature
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SECTION III -FSS FUND CUSTODIAN REVIEW: Recommend Approval Recommend Disapproval

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