REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS

SECTION I. ***(To be completed by Requestor.)***

1. TO	2. FROM	3. PROJECT OFFICER AND EXTENSION
377 FSS/FSR		

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 (3) SPOUSES' CORSAGE or BOUTONNIERE ($20)

G. REMARKS (Give detailed information on what will be purchased for reimbursement.)

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. DIGITIAL SIGNATURE	10. DATE

SECTION II. (*To be completed by FM NAFFA)*

1. Expenditure is ☐ is not ☐ authorized APR (ORF) support IAW AFI 65-603.

Expenditure is ☐ is not ☐ authorized APF support IAW AFI 65-601. APFs are ☐ available ☐ are not available

Expenditure is ☐ Rule Verified _____ ☐ is not authorized SM&W support

SECTION III. ***(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 ☐

2. NAME, TITLE OF REVIEWER	3. DIGITAL SIGNATURE	4. DATE

SECTION IV. (*To be completed by Approving Authority)*

1. TO	2 ☐ APPROVAL ☐ DISAPPROVED	3. AMOUNT

4. NAME, TITLE OF APPROVING AUTHORITY	5. DIGITAL SIGNATURE	6. DATE

PREVIOUS EDITION IS OBSOLETE