

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

Submit request by email **at least 10 workdays prior to date of event to:** \_\_\_\_\_ **@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               |  |

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

| Description | Quantity | Unit Price   | Total Price |
|-------------|----------|--------------|-------------|
|             |          |              |             |
|             |          |              |             |
|             |          |              |             |
|             |          |              |             |
|             |          |              |             |
|             |          |              |             |
|             |          |              |             |
|             |          |              |             |
|             |          |              |             |
|             |          | <b>TOTAL</b> |             |

|                                      |           |
|--------------------------------------|-----------|
| Name and Grade of Requesting Officer | Signature |
|--------------------------------------|-----------|

**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 |
|--------------------|-----------|

|  |                          |                           |                          |                              |
|--|--------------------------|---------------------------|--------------------------|------------------------------|
| <b>SECTION III -FSS FUND CUSTODIAN REVIEW:</b> | <input type="checkbox"/> | <b>Recommend Approval</b> | <input type="checkbox"/> | <b>Recommend Disapproval</b> |
|--|--------------------------|---------------------------|--------------------------|------------------------------|

|              |                            |             |
|--------------|----------------------------|-------------|
| Rule # _____ | Category (1601-1609) _____ | Office Use: |
|--------------|----------------------------|-------------|

|   |           |
|---|-----------|
| Resource Manager or Designee Name & Grade | Signature |
|---|-----------|

**SECTION IV - APPROVAL OF EXPENDITURE (To be completed by Commander or Designee):**

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DISAPPROVED |
|-----------------------------------|--------------------------------------|

|                                      |           |
|--------------------------------------|-----------|
| Name and Grade of Approving Official | Signature |
|--------------------------------------|-----------|

| 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 # _____     | \$ _____                 | actually spent   |
| Rule # _____     | \$ _____                 | actually spent   |