

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	
For Whom/Guest of Honor		DOD Personnel	
		Total	

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

Description	Quantity	Unit Price	Total Price
TOTAL			

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
--------------------	-----------

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

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:	<input type="checkbox"/>	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
Rule # _____	\$ _____ actually spent	Rule # _____	\$ _____ actually spent