

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 |
|--------------|----------|------------|-------------|
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| | | | |
| | | | |
| 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 |