

Please ensure to complete all spaces in RED, contact 75FSS.SMW.Requests@US.AF.MIL

| SPECIAL MORALE AND WELFARE FUNDS REQUEST | | | |
|---|-------------------|---|---|
| To: 75 FSS/FSR | From: | Date of Request: | Amount Requested: \$ |
| FUNCTION TYPE: | | DATE & PLACE OF FUNCTION: | |
| EXPLANATION: | | | |
| ATTENDANCE (est. #) MIL _____ CIV DOD _____ CIV NON-DOD _____ | | FOOD & BEVERAGE COST: | AVERAGE COST PER PERSON: \$ (Food & Beverage cost divided by total attendance) |
| GUEST(S) OF HONOR (Retiree, etc.): NAME: _____ RANK/GRADE: | | ADDITIONAL EXPENSES: | |
| ORGANIZATION REQUESTING OFFICIAL: | | PROJECT OFFICER (Name, Email & Phone #): | |
| ****FOR NAF OFFICE REVIEWING OFFICIAL**** | | | |
| TYPED NAME, GRADE & TITLE: | SIGNATURE: | | DATE: |
| ****SPECIAL MORALE AND WELFARE AUTHORIZATION**** | | | |
| EXPENDITURE IS AUTHORIZED UNDER AFMAN 34-201. RECOMMEND APPROVAL <input type="radio"/> DISAPPROVAL <input type="radio"/> | | | |
| TYPED NAME, GRADE & TITLE: | SIGNATURE: | | DATE: |
| ****APPROVING OFFICIAL AUTHENTICATION**** | | | |
| <input type="checkbox"/> REQUEST IS APPROVED IN AN AMOUNT NOT TO EXCEED \$ _____ | | | |
| <input type="checkbox"/> REQUEST IS DISAPPROVED | | | |
| TYPED NAME, GRADE & TITLE: | SIGNATURE: | | DATE: |
| PLEASE RETURN COMPLETED FORM TO 75 FSS/FSR | | | |
| FOR 75 FSS/FSR USE ONLY | | | |
| COST CENTER: | GLAC: | AMOUNT PAID: \$ | DATE PAID: |
| PAID BY: | | RECEIVED BY: | |