



DEPARTMENT OF THE AIR FORCE  
6TH AIR REFUELING WING (AMC)  
MACDILL AIR FORCE BASE, FLORIDA

DD Month YYYY

MEMORANDUM FOR 6 FSS/FSWU

FROM:

SUBJECT:

1. The following expenditures are proposed against Unite Squadron Funds.

<b>Name of Event:</b>	
<b>Date/Time of Event:</b>	
<b>Location:</b>	
<b>Organization:</b>	
<b>Unit POC Contact Info:</b>	<b>Name/Rank:</b> <b>DSN:</b> <b>Cell:</b> <b>E-Mail:</b>
<b>Unit Subset:</b> <ul style="list-style-type: none"><li>• For Group or Wing events, attach written concurrence to utilize funds from all CCs.</li></ul>	Flight Section Workcenter Squadron Group Wing
<b>Normal Duty Shifts of Participants:</b>	Days Mids Swings
<b>Participation Reason:</b>	Develop a new skill or competency Improve physical fitness Increase morale, camaraderie, or esprit de corps Promote interaction between unit members Provide opportunity for fun or relaxation Reinforce peer, unit/squadron, or Air Force corps values Work on a team-building exercise

CHARGE THE STORM...LET'S GO!

<b>Number of Unit Personnel Assigned/ Attached:</b>	
<b>Projected Attendance for this event:</b>	
<b>Total Amount Requested \$13.50 p/p (APF): (\$15.00 p/p with CC approval)</b>	
<b>Total Amount Requested \$5.00 p/p (NAF):</b>	
<b>Overview of Event:</b> (Describe your cohesive event sequence)  <b>**Must be tax exempt</b> <b>**Off Base 889 required</b> <b>**Please attach an itemized quote or invoice for the event</b>	<b>What type of teambuilding/ recreational activities will be included in your event:</b>  <b>How Long:</b>  <b>Estimated Cost:</b>  <b>Food Venue:</b>  <b>Food Description:</b>  <b>Estimated Cost:</b>

2. I hereby authorize the proposed expenditures listed above against our allocated unit Unite funds.

CC Signature (Update/sign)  
 Name, Rank, USAF  
 Duty Title, Unit