## MACDILL AFB REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS

SECTION I. (To be completed by Requester)										
TO: 6 FSS/FSR		FROM (UNIT):	:	P	PROJECT OFFICER/PHONE NUMBER:					
DATE OF REQUEST:		-	AMOUNT REQUESTED:							
FUNCTION/EVENT:			DATE AND PLACE OF EVENT:							
GUEST OF HONOR:			# OF PARTICIPANTS: (Both Required DoD: Non-DoD:				)			
REMARKS: Light refreshmen hors d'oeuvres such as burrit authorized.		•		_		•				
NOTE: Taxes are not reimbur commissary is reimbursable.  I certify that this request is for any costs exceeding the amounts.	r an	official military	y ceremony/	/function	n. I understar	nd that I	cannot obliga	te the Air Fo	rce for	
NAME, TITLE OF REQUESTER	SIGNATURE					DATE				
SECTION II. (To be completed	l hv	6 FSS/FSR \								
Expenditure is is not	rt ΙΔ\Λ/ Δ	FI 3/I-201 Ta	hle 12 1	Rule No						
Recommend APPROVAL		DISAPP			/ AFI 34-201, Table 12.1 Rule No.  Control Number					
NAME, TITLE OF REVIEWER Nanea Rizzo, Resource Ma	SIGNATURE			· · · · · · · · · · · · · · · · · · ·	DATE					
SECTION III. (To be complete	d by	y FMA)								
Expenditure is is not authorized APF (ORF) support IAW AFI 65-603.										
Expenditure is is not		authorized APF support IAW AFI 65-601.								
Expenditure is is not		authorized SN	rt.	Rule Verifi	ed					
NAME, TITLE OF REVIEWER	SIGNATURE					DATE				
SECTION IV. (To be complete	d by	Approving Au	thority)							
APPROVED	APPROVED DISAPPROVED				AMOUNT					
NAME, TITLE OF APPROVING S.J. Kobelia, 6 FSS Deputy	SIGNATURE					DATE				