

MACDILL AFB REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS

SECTION I. (To be completed by Requester)

TO: 6 FSS/FSR	FROM (UNIT):	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 refreshments are defined as nonalcoholic beverages and finger foods such as desserts and snacks. Heavy hors d'oeuvres such as burritos, tacos, whole pizzas and sub sandwiches cut into small servings and meat items are not authorized.*

NOTE: Taxes are not reimbursable; recommend using your unit's Tax Exemption Certificate. Exception: the surcharge at the commissary is reimbursable.

I certify that this request is for an official military ceremony/function. I understand that I cannot obligate the Air Force for any costs exceeding the amount approved. Requests MUST be approved in advance before any purchases can be made.

NAME, TITLE OF REQUESTER	SIGNATURE	DATE
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SECTION II. (To be completed by 6 FSS/FSR)

Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized SM&W support IAW AFI 34-201, Table 12.1 Rule No.			
Recommend	APPROVAL <input type="checkbox"/>	DISAPPROVAL <input type="checkbox"/>	Control Number
NAME, TITLE OF REVIEWER		SIGNATURE	
		DATE	

SECTION III. (To be completed by FMA)

Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized APF (ORF) support IAW AFI 65-603.			
Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized APF support IAW AFI 65-601.			
Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized SM&W support.		Rule Verified	
NAME, TITLE OF REVIEWER		SIGNATURE	
		DATE	

SECTION IV. (To be completed by Approving Authority)

<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DISAPPROVED	AMOUNT
NAME, TITLE OF APPROVING AUTHORITY		SIGNATURE		DATE