

REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS					
SECTION I. (To be completed by Requester)					send to: 87FSS.SSM.W@us.af.mil
1. TO JB MDL 87 FSS/FSRA	2. FROM		3. PROJECT OFFICER AND EXTENSION		
4. DATE OF REQUEST		5. AMOUNT REQUESTED			
6. INFORMATION TO SUPPORT REQUEST					
A. FUNCTION/EVENT		B. DATE AND PLACE OF FUNCTION/EVENT			
C. GUEST(S) OF HONOR					
D. PARTICIPANTS:	OFFICERS	ENLISTED	CIVILIAN		
E. TOTAL COSTS (Not to exceed amount requested)			F. AVERAGE COST PER PERSON		
(1) FOOD/DRINK		(2) PAPER PRODUCTS		(3) OTHER - SPECIFY IN G. REMARKS	
G. REMARKS - Give detailed information on what will be purchased for reimbursement. (Light refreshments: only nonalcoholic beverages (i.e. coffee, tea, milk, juice, punch, soft drinks, and water), yogurts, pastries, bagels, fruit/vegetable/cheese and cracker trays, pretzels, cookies, chips, dips, cake, and muffins are authorized. The cost of light refreshments may include the cost of disposable serving ware (e.g., paper napkins, disposable forks, cups, and plates) and any club or other Morale, Welfare, and Recreation activity service charge, delivery fee, or set-up fee. The purchase of china, silverware/flatware, tablecloths, plates, glasses, punch bowls and cups, chafing dishes, serving trays, coffee urns, etc., from Special Morale and Welfare is prohibited.)					
7. I certify that this request represents the minimum amount required to achieve the desired outcome. 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.					
8. NAME, TITLE OF REQUESTOR		9. SIGNATURE		10. DATE	
SECTION II. (To be completed by FM NAFFA)					
1. Expenditure is _____ is not _____ authorized APF (ORF) support IAW AFI 65-603. Expenditure is _____ is not _____ authorized APF support IAW AFI 65-601. APFs are _____ available _____ are not available Expenditure is _____ Rule Verified _____ is not authorized SM&W support					
2. NAME, TITLE OF REVIEWER NAFFA		3. SIGNATURE		4. DATE	
SECTION III. (To be completed by SVS RMFC)					
1. Expenditure is _____ is not _____ authorized SM&W support IAW AFMAN 34-201, Table 12.1, Rule No. _____ Recommend APPROVAL _____ DISAPPROVAL _____ Control Number _____					
2. NAME, TITLE OF REVIEWER Chief, Resource Management		3. SIGNATURE		4. DATE	
SECTION IV. (To be completed by Approving Authority)					
1. TO		2. APPROVAL DISAPPROVED		3. AMOUNT	
4. NAME, TITLE OF APPROVING AUTHORITY		5. SIGNATURE		6. DATE	

AMC IMT 37, 20040401, V1

PREVIOUS EDITION IS OBSOLETE

DATE PAID

AMOUNT PAID