

REQUEST FOR SPECIAL MORALE AND WELFARE (SM&W) FUNDS			
SECTION I. (Completed by REQUESTOR) NOTE: DISCUSS WHAT IS AUTHORIZED WITH SERVICES SM&W POC BEFORE COMPLETING THIS FORM.			
1. TO: 452 FSS/CD		2. FROM:	
4. DATE:		3. PROJECT OFFICER AND EXTENSION:	
5. AMOUNT REQUESTED: \$		6. INFORMATION TO SUPPORT REQUEST:	
A. NAME OF FUNCTION/EVENT:		B. EVENT DATE, TIME, AND PLACE:	
C. GUEST(S) OF HONOR:			
D. ESTIMATED NUMBER OF PARTICIPANTS:		DOD:	NON DOD:
E. TOTAL COSTS (List in blocks (1) thru (6): \$		DV:	
F. AVERAGE COST PER PERSON: \$			
(1) FOOD/DRINK: \$ * LIGHT REFRESHMENTS (See G Below)	(3) FLOWERS: \$		(5) OTHER (DESCRIBE): \$
(2) PAPER PRODUCTS: \$	(4) OTHER (DESCRIBE) \$		(6) OTHER (DESCRIBE) \$
<p>G. REMARKS: Authorized Light Refreshments: Only non-alcoholic 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. The cost of light refreshments may include the cost of disposable serving ware (e.g; paper napkins, disposable forks, cups and plates).</p> <p>Prohibited and Non Reimbursable Items: Purchase of china, silverware/flatware, tablecloths, plates, glasses, punch bowls, cups, chafing dishes, serving trays, coffee urns, etc. Also prohibited and non reimbursable items are: Meats to include deli cut meats and sandwiches, mementos and flowers (excluding item #21 table 12.1 Flowers/Wreaths for Memorial Observances up to \$100.00 and item #16 table 12.1 corsage/boutonniere for spouse of retiree up to \$20.00).</p> <p>For further clarification, please reference AFMAN 34-201, Use of Nonappropriated Funds, Chapter 12, Table 12.1 for authorized/not authorized items. Please note that taxes on the purchased of otherwise covered items are non-reimbursable</p>			
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. SM&W funds are tax exempt. I understand that if I pay state/local taxes, I will not be reimbursed.			
8. NAME, TITLE OF REQUESTOR:		9. SIGNATURE:	10. DATE:
SECTION II. (To be completed by FM)			
<p>1. Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized APF (ORF) support IAW AFI 65-603.</p> <p>Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized APF support IAW AFI 65-601 V1. If authorized, APFs are <input type="checkbox"/> available <input type="checkbox"/> are not available.</p> <p>NOTE: If APFs are authorized, SM&W funds may not be used even if APFs are not available.</p>			
2. NAME, TITLE OF REVIEWER: EVE HOHN, 452 AMW/FM		3. SIGNATURE:	4. DATE:
SECTION III. (To be completed by SERVICES CHIEF or DESIGNEE) NOTE: If Services has SM&W approval authority, Section IV does not need to be completed.			
<p>1. Expenditure of \$_____ is <input type="checkbox"/> is not <input type="checkbox"/> authorized SM&W support IAW AF & AFRC guidance, Rule No. _____.</p> <p>Recommend APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> Date disapproved request form was returned to originator_____.</p>			
2. NAME, TITLE OF REVIEWER: VANESSA ESTRELLA, 452 FSS/CD		3. SIGNATURE:	4. DATE:
SECTION IV. (To be completed by COMMANDER or DESIGNATED APPROVING OFFICIAL)			
1. TO: SERVICES	2. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		3. AMOUNT: \$
2. NAME, TITLE OF APPROVING OFFICIAL: BRYAN BAILEY Col, 452 AMW/CC		3. SIGNATURE:	4. DATE: