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REQUEST FOR SPECIAL MORALE AND WELFARE FUNDS

SECTION I. (To be completed by Requester)

1. TO	2. FROM	3. PROJECT OFFICER AND EXTENSION	
4. DATE		5. AMOUNT REQUESTED	
6. INFORMATION TO SUPPORT REQUEST			
A. FUNCTION/EVENT		B. DATE AND PLACE	
C. GUEST(S) OF HONOR			
D. ()	OFFICERS	ENLISTED	CIVILIA
E. TOTAL COSTS		F. AVERAGE COST PER PERSON	
(1) FOOD/DRINK	(3) MEMENTO	(5) OTHER (DESCRIBE)	
(2) PAPER PRODUCTS	(4) FLOWERS	(6) OTHER (DESCRIBE)	
G. REMARKS (Describe blocks 1,5,6)			

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
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SECTION II. (To be completed by SVS RMFC)

1. 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 _____
2. NAME, TITLE OF REVIEWER	3. SIGNATURE	4. DATE

SECTION III. (To be completed by FM NAFFA)

1. 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. APFs are <input type="checkbox"/> available <input type="checkbox"/> are not available		
Expenditure is <input type="checkbox"/> Rule Verified _____ <input type="checkbox"/> is not authorized SM&W support		
2. NAME, TITLE OF REVIEWER	3. SIGNATURE	4. DATE

SECTION IV. (To be completed by Approving Authority)

1. TO	2. <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVED	3. AMOUNT
4. NAME, TITLE OF APPROVING AUTHORITY	5. SIGNATURE	6. DATE