

STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	375 SVS/SVF	Coord		6			
2	375 AW/JA	Coord		7			
3	375 MSG/CC	Approve		8			
4	375 SVS/SVF	File		9			
5				10			

SURNAME OF ACTION OFFICER AND GRADE	SYMBOL	PHONE	TYPIST'S INITIALS	SUSPENSE DATE
SMSGt Jones	375 SVS/SV	256-1234	npj	

SUBJECT
 Annual Review for _____ (Name of Organization) **DATE**

SUMMARY

1. In accordance with AFI 34-223, the following documents are submitted to meet annual review requirements:

- a. Balance sheet as of _____ (Tab 1)
- b. Operating statement for year ending _____ (Tab 2)
- c. List of current officers (Privacy Act Statement) (Tab 3)
- d. Copy of treasurer acceptance statement (Tab 4)
- e. Copy of current year budget (Tab 5)
- f. Waiver to liability insurance (Tab 6)
- g. Revised constitution and by-laws (Tab 7 - note constitution must be revalidated at least every 2 years).

2. If there are any questions concerning this activity, please contact _____ at _____

3. **RECOMMENDATION:** 375 MSG/CC approve the waiver to liability insurance and the attached constitution (if applicable).

ROBERT K. SMITH, Major, USAF
 President, 375 SVS/SV Booster Club

- 7 Tabs
1. Balance Sheet
 2. Operating Statement
 3. Privacy Act Statement
 4. Treasurer Acceptance
 5. Budget
 6. Liability Waiver
 7. Constitution