

**SPECIAL MORALE AND WELFARE FUNDS REQUEST**

**\*\*NOTE: AFMAN 34-201 Ch.12.4.1.1 defines Light Refreshments and the items listed are the ONLY items authorized for reimbursement\*\***

**SECTION I. (To be completed by Requester)**

1. To: 628 <sup>th</sup> Force Support Sq 102 N. Davis Drive, Suite 201 Charleston AFB, SC 29404	2. From: (Organization)	3. Project Officer:	4. Ext:
5. Date:		6. Amount Requested:	

**7. Information to Support Request**

A. Function/Event		B. Date/Place		
C. Guest(s) of Honor - Incoming Commander (change of command), Retiree, Listing of Awardees/Promotes, etc.				
D. Participants: Please provide numbers of attendees per group	Officers	Enlisted	DOD Civilians	Non-DOD Civilians
E. Total Costs		F. Average Cost per Person		
(1) Food/Drink	(3) Memento	(5) Other (Please Describe)		
(2) Paper Products	(4) Flowers	(6) Other (Please Describe)		
G. Remarks (Please describe blocks 1,5,6)				

**REQUESTS MUST BE APPROVED IN ADVANCE BEFORE ANY PURCHASES CAN BE MADE.**  
**Actual signatures are required at each level.**

8. 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.

9. Name and Title of Requester	10. Signature	11. Date
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**SECTION II (To be completed by FSS RM)****628 FSS, Bldg 322, 102 N. Davis Drive, 2<sup>nd</sup> Floor, Suite 207****FSS Control No.**

1. Expenditure ☐ is ☐ is not authorized SM&W support IAW AFMAN 34-201, Table 12.1, rule:

Recommend ☐ APPROVAL ☐ DISAPPROVAL

2. Name, Title of Reviewer 628 FSR	3. Signature	4. Date
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**SECTION III (To be completed by 628 CPTS)****628 Comptroller, Bldg 322, 102 N. Davis Drive, 3<sup>rd</sup> floor**

1. Expenditure ☐ is ☐ is not authorized APF (ORF) support IAW AFI 65-603. (If so, SM&W is NOT authorized)  
 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	3. Signature	4. Date
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**SECTION IV. (To be Completed by Approving Authority)****628 ABW/ Protocol Office, Bldg 16000, 2<sup>nd</sup> floor**

1. To:	2. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	3. Amount
4. Name, Title of Approving Authority	5. Signature	6. Date