

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 th Force Support Sq 102 N. Davis Drive, Suite 207 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.
If using catering services from the Club, an approved request form must be presented to the Club NLT 14 DAYS PRIOR TO THE EVENT, and any remaining balance not covered by SM&W must be paid at that time.
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, 2nd 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, 3rd 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 AW/ Protocol Office, Bldg 16000, 2nd floor

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