

***Please fill out all spaces with blue writing.

SPECIAL MORALE AND WELFARE FUNDS REQUEST

TO: 75 FSS/FSR	FROM: (Your Unit)	DATE OF REQUEST: (Date you submit request)	AMOUNT REQUESTED: \$ (Total: ex \$75)
FUNCTION TYPE: Retirement, Promotion, Change of Command		DATE & PLACE OF FUNCTION: Date and Location of event	
EXPLANATION: Requesting funds for ? (Light refreshments, memento, spouse flowers)			
ATTENDANCE (estimated #) MIL <u>55</u> CIV DOD <u>25</u> CIV NON-DOD <u>15</u>		FOOD & BEVERAGE COST: \$55	AVERAGE COST PER PERSON: Food & Bev. cost divided by total attendance
GUEST(S) OF HONOR (Retiree, etc) and Rank/Grade: (Name of Retiree)		ADDITIONAL EXPENSES: (\$20 Spouse Flowers)	
ORGANIZATION REQUESTING OFFICIAL: Name and phone number		PROJECT OFFICER (NAME, EMAIL & PHONE #): Name, email, phone number	

REVIEWING OFFICIAL

TYPED NAME, & TITLE: STEPHANIE POLLAK Accounting Technician	SIGNATURE:	DATE:
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SPECIAL MORALE AND WELFARE AUTHORIZATION

EXPENDITURE IS AUTHORIZED UNDER AFI 34-201. RECOMMEND APPROVAL /DISAPPROVAL

TYPED NAME, GRADE, & TITLE: DEBI STAM Chief, Resource Management Flight	SIGNATURE:	DATE:
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TO: 75 MSG/CC	FROM: 75 FSS/FSR
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APPROVING OFFICIAL AUTHENTICATION

_____ REQUEST IS **APPROVED** IN AN AMOUNT NOT TO EXCEED \$ _____

_____ REQUEST IS **DISAPPROVED**

TYPED NAME, GRADE & TITLE: DANA C. PELLETIER, Colonel, USAF 75 th Mission Support Group (AFMC) Hill AFB UT	SIGNATURE:	DATE:
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PLEASE RETURN COMPLETED FORM TO 75 FSS/FSR

FOR 75 FSS/FSR USE ONLY

COST CENTER:	GLAC:	AMOUNT PAID:	DATE PAID:
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PAID BY:	RECEIVED BY:
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