In accordance with DAFMAN 34-201, advance approval is required prior to the event. Forms must be submitted 14 days in advance to allow for processing time.

*****Please ensure to complete all spaces in RED, contact 75FSS.SMW.Requests@us.af.mil*****

SPECIAL MORALE AND WELFARE FUNDS REQUEST			
To: 75 FSS/FSR	**From:**	**Date of Request:**	**Amount Requested:** Tax is Non-Reimburseable
Function Type: Select One		**Date & Place of Function:**	
Function Level: Select One		**Explanation:**	
Attendance (est. #): **DoD:** **Non-DoD:**	**Addt'l Expenses:** Select One	**Food & Beverage Cost:** (Light Refreshments as defined in AFMAN 34-201) **Average Cost Per Person:** (Food & Beverage cost divided by total attendance)	
Guest(s) of Honor: (Recipient Name) **Name:** **Rank/Grade:**		**Project Officer:** **Name:** **Email:** **Contact #:**	

*** FOR NAF OFFICE REVIEWING OFFICIAL ***		
Name, Grade, & Title: Select One	**Signature:**	**Date:**
***** SPECIAL MORALE AND WELFARE AUTHORIZATION *****		
EXPENDITURE IS AUTHORIZED UNDER DAFMAN 34-201 **RECOMMEND APPROVAL ◯ DISAPPROVAL ◯**		
Name, Grade, & Title: Select One	**Signature:**	**Date:**
***** APPROVING OFFICIAL AUTHENTICATION *****		
☐ **Request is Approved in an amount not to exceed**		
☐ **Request is Disapproved** **Reason for Disapproval:**		
Name, Grade, & Title: Julie Rasmussen, NH-III, RM Deputy Fli	**Signature:**	**Date:**
PLEASE RETURN COMPLETED FORM TO 75 FSS/FSR		
FOR 75 FSS/FSR USE ONLY		

Cost Center: Select One	**GLAC:**	**Amount Paid:**	**Date Paid:**
Paid By:		**Received By:**	
If you do not supply the receipts of purchases to 75FSS.SMW.Requests@us.af.mil within 30 days of the approved event date, you will forfeit the reimbursement.			