



DEPARTMENT OF THE AIR FORCE  
AIR FORCE RESERVE COMMAND

25 Mar 2008

MEMORANDUM FOR 482 FW PERSONNEL

FROM: 482 FW/CC

SUBJECT: Use of Special Morale and Welfare (SM&W) Non-Appropriated Funds

1. It is the policy of the 482d Fighter Wing to support all authorized expenditures for Special Morale and Welfare (SM&W) non-appropriated funds. The Homestead ARB Chief of Services will be responsible for the overall management of the SM&W funds for the wing and will ensure that all requests meet the criteria outlined in AFI 34-201 and AFRC Supplement 1 to AFI 34-201.
2. Special Morale and Welfare Funds are derived from profits generated by Services business operations and AAFES allocations. Where possible, purchases in support of SM&W functions and events must be made through our Services activities to ensure our funds stay on base and are available for future use. NAF money spent off base never comes back.
3. Authorized expenditures include:
  - a. Retirement ceremonies up to \$50.00
  - b. Commander's Call for up to \$1.00 per person per quarter
  - c. Welcome and orientation functions up to \$3.00 per person
  - d. Change of Command ceremonies for a Squadron Commander, up to \$200.00
  - e. Change of Command ceremonies for a Group Commander, up to \$300.00
  - f. Change of Command ceremonies for a Wing Commander, up to \$500.00
4. Please use AFRC Office Form 211 to submit your request for approval. For additional information or questions concerning appropriate use of SM&W funds, please contact the Chief of Services, Mr. Tim Walker, x7167.

A handwritten signature in black ink, appearing to read "Randall G. Falcon".

RANDALL G. FALCON, Colonel, USAFR  
Commander

Attachment:  
AFRC Office Form 211

**REQUEST FOR SPECIAL MORALE AND WELFARE (SM&W) FUNDS**

**SECTION I.** (Completed by REQUESTOR) NOTE: DISCUSS WHAT IS AUTHORIZED WITH SERVICES SM&W POC BEFORE COMPLETING THIS FORM.

1. TO: <b>SERVICES</b>	2. FROM:	3. PROJECT OFFICER AND EXTENSION:
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4. DATE:	5. AMOUNT REQUESTED: \$
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6. INFORMATION TO SUPPORT REQUEST:	
A. NAME OF FUNCTION/EVENT:	B. EVENT DATE, TIME, AND PLACE:

C. GUEST(S) OF HONOR:	
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D. ESTIMATED NUMBER OF PARTICIPANTS:	DOD:	NON DOD:	DV:
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E. TOTAL COSTS (List in blocks (1) thru (6):	F. AVERAGE COST PER PERSON: \$
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(1) FOOD/DRINK: \$ <i>* LIGHT REFRESHMENTS (See G Below)</i>	(3) MEMENTO: \$ <i>** (See Remarks in G Below)</i>	(5) OTHER (DESCRIBE): \$
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(2) PAPER PRODUCTS: \$	(4) FLOWERS: \$	(6) OTHER (DESCRIBE) \$
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G. REMARKS: \* Light refreshments include "nonalcoholic beverages such as coffee, tea, milk, juice, soft drinks, and snack-type items such as donuts, bagels, fruit, pretzels, cookies, muffins, chips and dips, and similar items. Does not include meat, sandwiches, smorgasbords, or heavy hors d'oeuvres."

\*\* Mementos: "Items, long-lasting in nature, representing the command/installation/event. Mementos may not exceed \$20.00, and SM&W expenditure authority may not be combined with other funds to purchase a more expensive item. Provide only one memento per person per occasion. The purchase of wrapping paper, gift boxes, bows, or any other item that gives the appearance of a gift from SM&W is prohibited. Identify in requests/reports what is purchased, for whom, and the cost of the memento."

SERVICES CONTROL NO. \_\_\_\_\_

7. 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. Requests MUST be approved in advance before any purchases can be made. SM&W funds are tax exempt. I understand that if I pay state/local taxes, I will not be reimbursed.

8. NAME, TITLE OF REQUESTOR:	9. SIGNATURE:	10. DATE:
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**SECTION II.** (To be completed by FM)

1. Expenditure is  is not  authorized APF (ORF) support IAW AFI 65-603.  
 Expenditure is  is not  authorized APF support IAW AFI 65-601 V1. If authorized, APFs are  available  are not available.  
 NOTE: If APFs are authorized, SM&W funds may not be used even if APFs are not available.

2. NAME, TITLE OF REVIEWER:	3. SIGNATURE:	4. DATE:
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**SECTION III.** (To be completed by SERVICES CHIEF or DESIGNEE) NOTE: If Services has SM&W approval authority, Section IV does not need to be completed.

1. Expenditure of \$ \_\_\_\_\_ is  is not  authorized SM&W support IAW AF & AFRC guidance, Rule No. \_\_\_\_\_.  
 Recommend APPROVAL  DISAPPROVAL  Date disapproved request form was returned to originator \_\_\_\_\_.

2. NAME, TITLE OF REVIEWER:	3. SIGNATURE:	4. DATE:
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**SECTION IV.** (To be completed by COMMANDER or DESIGNATED APPROVING OFFICIAL)

1. TO: <b>SERVICES</b>	2. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	3. AMOUNT: \$
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2. NAME, TITLE OF APPROVING OFFICIAL:	3. SIGNATURE:	4. DATE:
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