NON-APPROPRAITED FUNDS SPECIAL FUNDING REQUEST				
Request for Approval of Chaplain Support Fund		ds	Date of Request: (generated once signed)	
Approval process may take up to 10 business days SECTION I - INFORMATION (To be completed by requesting organization):				
Requesting Organization:				
Location:				
POC: (Name, Rank, Phone Number)		Alternate POC: (Name, Rank, Phone Number)		
In accordance with AFMAN34-201 para 4.3.13. Use NAF fun nondenominational recreational or morale and welfare promilitary community and their families. These programs show funding after core Morale, Welfare, and Recreation fund accordance Approval needs to be given prior to purchasing items. Reimliprior to the last day of the month at 39 FSS Central Cashier	embers of the ppropriated fund d and operational. ubmitted 10 days	nal. there is adequate cash flow to fund necessary capital improvements, operational expenses, etc" NAF Status of Funds for Current FY:		
Description of Purchases	Amount Requested	OFFICIAL USE	ONLY: Control #	
				Amount
			Itemization	Reimbursed
Total			Total	
Name and Grade of Wing Chaplain (or equivalent):		Signature		
SECTION II - NAF FUND CUSTODIAN REVIEW:				
Recommend Approval Recommend Disapproval				
Resource Manager or Designee Name & Grade:		Signature		
CECTION III ADDDOVAL OF EVDENDITUDE /T		1 6		
SECTION III - APPROVAL OF EXPENDITURE (To be completed by Commander or Designee):				
APPROVED DISAPPROVED		1		
Name and Grade of Approving Official:		Signature		
SECTION IV. COMMENTS				
SECTION IV - COMMENTS				