UNIT ENHANCE!	•	•)ING R	EQUEST		
Request <u>must</u> be submitted via email <u>at least 10 work</u> No waivers will be authorized.	for consideration.	Date of Request: (generated once signed)				
SECTION I - EVENT INFORMATION (To be completed by requesting organization):						
Type of Event:						
Event Date:		Event Location:				
Event POC: (Name, Rank, Phone Number)	Alternate POC: (Name, Rank, Phone Number)					
In accordance with AFMAN34-201 para. 4.3.3. and 4.3.2.Nor		Estimated Number of Attendees				
"The installation commanders establishes guidelines on expu Wing, Group, Squadron of organizational parties and picnics		Military				
which directly support Air Force squadrons, units and staffs to enhance unit coher reimbursement, you must submit both approved request form and receipts to NA		sion". For	Civilia	an (APF & NAF)		
at Building 912 within 5 (five) days after event. Date on rece			Total			
Description of Purchases	Amount Requested	OFFICE USE O	NLY:	Control #		
			Itemization			Amount Reimbursed
	<u> </u>					
Total					Total	
Name and Grade of Commanding Officer (or equivalent):		Signature				
SECTION II - FSS FUND CUSTODIAN REVIEW:						
Recommend Approval Recommend Disapproval						
Resource Manager or Designee Name & Grade:		Signature				
SECTION III - APPROVAL OF EXPENDITURE (To	o be completed	by Commander	or De	signee):		
APPROVED	DISAPPROVED		0. 00.			
Name and Grade of Approving Official:		Signature				
CECTIONINA COMMENTS						
SECTION IV - COMMENTS						