

CUL FUNDING REQUEST

Submit Request by email at least 10 workdays prior to date of event to: jeannie.schroeder@us.af.mil

SECTION I - EVENT INFORMATION

(to be completed by requesting organization)

FOR FSS USE ONLY

Received Date:

Control No.

BPA:

Disb:

NAF:

Supplier No:

Call No:

Description of Event

Cadet Squadron # or Group Name

Location/time

Event Date

Number of Cadets Served:

Source:

Menu Items Requested	Quantity	Unit Price	Total Price
See attached list			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00

attach additional page if necessary

AOC/Requester CERTIFICATION STATEMENT: I certify that reimbursement requested is for purpose stated above.

Name and Grade of AOC/Requestor

Signature

Point of Contact

Name/Grade:

Phone:

Email Address:

SECTION II - APPROVAL

Amount Authorized:

Name/Grade:

Signature

SECTION III - POST EVENT:

Receiver Statement: I acknowledge receipt of all goods as identified on attached receipts.

Name and Grade of Receiver:

Signature

Scan and submit copies of receipts to email address above within 1 business day of event

FSS USE ONLY:

Cash Transfer: TBCC No.

Disbursement:

BPA Receiving Date: