

**REQUEST FOR FUNDING FROM THE
DSCC CIVILIAN WELFARE FUND**

DATE OF REQUEST: _____
(Date funding requested)

ACTIVITY/EVENT: _____

COORDINATOR: _____
(Name of person requesting funding)

OFFICE SYMBOL: _____

TELEPHONE: _____

EMAIL: _____

ANTICIPATED PARTICIPATION: _____
(Number of anticipated participants)

DESCRIPTION OF EVENT: (Give a detailed description of event)

PERIOD OF PARTICIPATION: (Estimated date of event) _____

I CERTIFY THAT THIS ACTIVITY WILL BE OPERATED IN ACCORDANCE WITH PROCEDURES GOVERNING CIVILIAN WELFARE FUND SPONSORED ACTIVITIES. IT WILL BE PUBLICLY ANNOUNCED AND WILL BE OPEN FOR PARTICIPATION BY ALL INTERESTED EMPLOYEES OF DSCC, DFAS-CO AND ALL TENANT ACTIVITIES.

REQUEST FOR REIMBURSEMENT OR PAYMENT MUST BE SUBMITTED WITHIN 14 DAYS OF THE EVENT. SALES TAX IS **NOT** REIMBURSED.

DO NOT OBLIGATE FUND UNTIL NOTIFICATION OF APPROVAL HAS BEEN RECEIVED.

FUNDS MUST BE USED FOR THE EVENT/ACTIVITY UNLESS OTHERWISE APPROVED BY THE CIVILIAN WELFARE COUNCIL.

FOR DIRECTOR'S CALLS, PICNICS, ETC, ATTENDEES MUST SIGN IN AT THE EVENT, NOT IN ADVANCE. *DOD CONTRACTORS ARE **NOT** AUTHORIZED FOR REIMBURSEMENT PER AR215-7.*

Signature of Coordinator

Return this form to:
CIVILIAN WELFARE COUNCIL
Mary Bubalo, Chairperson
Bldg 20, C4N069
692-9130

NOTE: AR215.7 Section 5-5d(2)(d) prohibits "awarding, giving or drawing for door prizes at CWF events." CWF funds cannot be used for this purpose. This includes Christmas parties, picnics or other office events.