REQUEST FOR MCCS NONAPPROPRIATED FUNDS

PRIVACY ACT STATEMENT

AUTHORITY, the information contained on this form is maintained under the systems of records notice T7225 (Integrated Accounts Payable System (IAPS)) 5 U.S.C. 301, Departmental Regulations; 31 U.S.C. Chapters 37 and 39, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 10; and E.O. 9397 (SSN), published May 4, 2007, 72 FR 25271. The information contained within is FOR OFFICIAL USE ONLY and may not be disclosed without the consent of the record's subject, except under routine use. **PURPOSE** of this information is to generate payment vouchers for claims, awards, personal expenditures, or other entitlements. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a **ROUTINE USE** pursuant to 5 U. S.C. 552a(b)(3). **DISCLOSURE** MANDATORY.

Date of Function/Expense:	Location of Function:
Est. Number to Attend:	POC (Name, Grade, Division/ Phone#):

Purpose of Event/Expense:

Description of Expense/Service Requested (Function Type):

Requesting Official's NAF Eligibility Determination:

I certify that this request for MCCS NAF satisfies the following criteria:	Yes	No
1. Hosting Local or Visiting Dignitaries for Luncheon, Dinner or Special Event (Attendance Related to MCCS Operation)		
2. Workshop/Symposium (Related to MCCS MWR Category A, B or C Program)		
3. Marine Corps Birthday Ball Expenses Relating to Guest of Honor		
4. Marine Corps Birthday Ball Expenses Relating to the Social (Explain Above)		
5. Authorized Expenses Relating to Air Shows or Open Houses		
6. Authorized Expenses Relating to Award Ceremonies.		
7. Light Refreshments for Recruit & Infantry Training School Graduations.		
8. Other: _____ Fully Explain Above.		

Requesting Official: (Name, Grade, Division, Phone #)

Estimated NAF Requested: $	Check Payable To:

(Applies only if MCCS is unable to meet the need; original receipts/any excess cash must be returned to MCCS)

MCCS Director's Funding Determination: (Approval requires no further staffing)	Yes	No
This request is conservative and within available resources and meets the provision of this directive?		

Authorizing Official: (Name, Grade, Division, Phone #):

X

Eastern Area Counsel's Determination: (Only if circumstances warrant)	Yes	No
This request satisfies the criteria of MCIEAST Order # HERE		

Authorizing Official: (Name, Grade, Division, Phone #):

X

Installation Commander's Determination: (Only if circumstances warrant)	Yes	No
Comments: Approved:		

Authorizing Official: (Name, Grade, Division, Phone #):

X

For MCCS Use Only: Check receipt information

Received by (Signature)	Received by (Print)	
Grade/Division/Phone #:	Date:	Check #: