

**Directorate of Family and Morale,
Welfare and Recreation, Financial Management Branch
Unit Fund – Notice of Certification**

Petty Cash

Check

I _____ acknowledge receipt of Unit Funds
PRINT NAME & RANK

on _____. I certify that the funds from Unit Fund # _____ will be used
TODAY'S DATE

for _____ on _____.
PURPOSE OF WITHDRAWAL REQUEST DATE

I acknowledge and agree to all terms and conditions of this agreement and will return the specified item(s) below to the Family and MWR, NAF Support Management Division, Financial Management Branch.

The following items must be returned within two (2) business days after the payment or purchase of goods and services:

_____ **ORIGINAL RECEIPTS** (all items purchased must have prior approval, date of receipt **MUST NOT** be dated prior to withdrawal transaction date, receipts will include business name, address/contact information, payment tender)

_____ **UNUSED FUNDS, IF ANY** (appointed fund custodian will be responsible for the difference in fund amount that does not equal to the withdrawn amount total in receipts)

Under no circumstances will purchase requests be accepted and approved after the receipt of goods and services.

I understand that failure to comply with any of the terms mentioned in this agreement, Local Family and Morale, Welfare and Recreation (Family and MWR) Unit Funds memorandum, and references AR-215-1 Chapter 5, Chapter 6, Chapter 8, and DFAS-IN Regulation 37-1, Chapter 32 will be the sole responsibility of the appointed fund custodian of the requesting unit. Failure to provide the required reconciliation documentation will result in a call and/or email as the first reminder. The second and third (final) notice will be a call and/or email to my commanding officer and I. If after the final notice there is still no action, the unit fund account will be suspended from further withdrawals until reconciliation is completed. USAG-HI personnel will also be notified.

Signature: _____

Telephone: _____ Email: _____

NAME OF COMMANDING OFFICER: _____

Telephone: _____ Email: _____

If you will PCS within a year, please provide:

PCS move date: _____

If deploying soon, please provide:

Deployment date: _____

REAR DETACHMENT CONTACT: _____

Telephone: _____ Email: _____