

STAFF SUMMARY SHEET

| | TO | ACTION | SIGNATURE (Surname), GRADE AND DATE | | TO | ACTION | SIGNATURE (Surname), GRADE AND DATE |
|---|-----------------|--------|-------------------------------------|----|----|--------|-------------------------------------|
| 1 | 75 MDG/ DGPM | Coord | Food Safety 586-9780 | 6 | | | |
| 2 | AAFES | Coord | Berry Eleanora DSN 777-3907 | 7 | | | |
| 3 | 75 FSS/FSR | Coord | Monika Johns 775-6793 | 8 | | | |
| 4 | 75 FSS/CLEA | Review | | 9 | | | |
| 5 | 75 FSS/CL | Sign | | 10 | | | |

| | | | | |
|-------------------------------------|--------|-------|-------------------|---------------|
| SURNAME OF ACTION OFFICER AND GRADE | SYMBOL | PHONE | TYPIST'S INITIALS | SUSPENSE DATE |
|-------------------------------------|--------|-------|-------------------|---------------|

| | |
|-------------------------------|------|
| SUBJECT | DATE |
| Request for Fundraising Event | |

SUMMARY

- Request the 75 FSS/CL approve the fundraising event below.
- ****fill in the information*****
 Type of fundraising event:
 Sponsoring organization:
 Purpose:
 Proposed time and date:
 Location/building number:
 Person(s) coordinating fundraiser name/phone number:
 Person(s) responsible for cleanup/phone number:
 Item(s) to be sold:
 Where food will be purchased:
 How will food be kept cold or hot during preparation:
 How will food be kept cold or hot during serving:
- ****Choose Applicable*****
 Food is being sold. I have coordinated this SSS with Food Safety, 75 MDG/SGPM.
 This fundraiser is being held at AAFES, or is in competition with AAFES. I have coordinated this SSS with AAFES.
 This fundraiser is being held at _____. I have coordinated this event with the building custodian or manager.
- RECOMMENDATION: 75 FSS/CL approve this fundraiser by signing this staff summary sheet above. IAW AFI 34-223, sec. 6.4 delegated authority.

Signature of Project Officer