

OFFICIAL REPRESENTATION FUNDS REQUEST/APPROVAL

SECTION I REQUEST (To be completed by protocol)

TO:	FROM:	DATE (YYYYMMDD)
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TYPE OF FUNCTION (Check applicable function(s))						ATTENDEES			
	COMMUNITY RELATION	PUBLIC RELATION	INTER NATIONAL RELATION	DOD PROTOCOL	PURCHASE STOCK	DOD	NON-DOD	TOTAL	AVERAGE COST
BREAKFAST									
LUNCHEON									
DINNER									
RECEPTION									
OTHER									

PLACE OF FUNCTION	GUEST OF HONOR (Name, Title, and Position)	DATE OF FUNCTION (YYYYMMDD)
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ESTIMATED COST OF FUNCTION

ITEM	AMOUNT
FOOD, BEVERAGE, SERVICES	
OTHER	
MEMENTOS (Specify)	

NOTE: When guests outside DOD are being honored, observe the following ratios of DOD personnel (including spouses) to non-DOD guests: Functions less than 30, 20 percent must be distinguished guests and members of their party; Functions over 30, 50 percent applies.

TYPED NAME AND GRADE OF REQUESTING OFFICIAL	SIGNATURE	DATE (YYYYMMDD)
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SECTION II COMMANDER'S APPROVAL FOR EXPENDITURE

TO:	FROM:
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TYPED NAME AND GRADE OF APPROVING OFFICIAL	SIGNATURE	DATE (YYYYMMDD)
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SECTION III COMPTROLLER REVIEW

ACCOUNTING CLASSIFICATION	AMOUNT
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I CERTIFY FUNDS ARE AVAILABLE AND APPROPRIATE FOR THE PURPOSE STATED

TYPED NAME AND GRADE OF CERTIFYING OFFICIAL	SIGNATURE	DATE (YYYYMMDD)
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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

SECTION IV RECEIVING REPORT (To be completed by Protocol)

ITEM NO.	DESCRIPTION OF MATERIALS OR SERVICES	QUANTITY	UNIT	UNIT PRICE	COST
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL					\$0.00

COMMENTS

SEND PAYMENT TO: (Provide vendor name and address and payment amount)

SECTION V CERTIFICATION OF RECEIPT

I CERTIFY THE ABOVE MATERIALS OR SERVICES HAVE BEEN RECEIVED IN ACCORDANCE WITH THE ORDER PLACED WITH THE VENDOR.

TYPED NAME AND OFFICE	SIGNATURE	DATE RECEIVED (YYYYMMDD)
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