



Directorate of Family Morale, Welfare, & Recreation (DFMWR)
US ARMY GARRISON FORT HUNTER LIGGETT
Ft. Hunter Liggett (FHL), Parks Reserve Forces Training Area (PRFTA)

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Welcome to US Army Garrison Fort Hunter Liggett!!

Requests for unit fund should be submitted and include the following:

1. Memorandum requesting funds signed by the Unit Fund Appointed Fund Custodian (Sample enclosed).
2. Current **fund custodian appointment memo signed by the Unit Commander**. (Sample enclosed).
3. A **copy of unit orders** sending the unit to annual training (AT)
4. **Roster with name of the Soldiers.**
 - *The request form must include the name and telephone number of the point of contact.*
 - *Allow at least Three working days for the request to be processed.*
 - *Funds will be used for the collective benefit of all members during MWR recreational activities. Funds are available for training periods less than 30 days.*
 - *Records of expenditures will be maintained by the unit and original receipt provided to MWR.*
 - ***Only the unit fund custodian can pick up payments. Signature and Identification (ID) is required for payment.***

Pursuant to AR 215-1, Chapter 6-Article B-1: “Separate unit funds may be established, managed, and administered at the unit level for Isolated and deployed Active Army Units (to include RC units when activated for 30 or more days) and full-time support (FTS) RC personnel physically located at such a distance from the nearest military installation that requiring the use of garrison MWR facilities by Soldiers assigned at attached to the unit would be unreasonable or impractical.”

This office requires the submission of receipts to support the distribution of dividend funds at this installation.

IMHL-MW

DATE:

MEMORANDUM FOR US ARMY GARRISON FORT HUNTER LIGGETT D, FMWR

SUBJECT: Request for Unit Fund AT Dividends

The following information is submitted for distribution of Unit Funds IAW para 3-23, AR 215-1:

- a. Annual Training Dates: _____

- b. TOTAL SOLDIERS on AT _____

- c. Unit: _____

- d. Home Address: _____

- e. Local Telephone #: _____

- f. Training Unit's Extension: _____

I verify that the unit funds will be used for the collective benefit of all members during MWR off-duty recreational activities. I will maintain records of expenditures. I certify that the number of assigned and attached personnel were present for duty.

3 Enclosures

- 1. Duty Appointment, UF Manager
- 2. Copy of Unit AT Orders
- 3. Roster

Signature of UF Custodian

Typed Name and Rank

COMPUTATION – to be completed by Financial Management Division (FMD)

Strength _____ X Rate \$1.00 = \$ _____

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Additional Duty Appointment - **Unit Fund Custodian**

1. Effective this date _____, the following individuals is appointed the subject duty for this unit:

Primary: _____

Assistant: _____

2. Authority: AR 215-1

3. Purpose: To account and manage unit allocated non-appropriated fund support monies.

4. Period: Until officially relieved or released from appointment.

5. Special Instructions: Follow the procedures in AR 215-1. Account for unit activities support IAW AR 215-5.

DISTRIBUTION:

1-Cdr

1-Unit Bn Ref File

1-Individual(s)

1-MPF(s)

Signature

Commanders Name/Rank

Signature Block