MISC V.3

Other Miscellaneous Transactions (Not POR)

1 APR 11

Best Ministry . Best Methods . Best Model

Tracking # From NAF CONTRACT DROP OFF Logbook _____

Fill In This Number As The Final Step Of Submission When A "Contract Based" Transaction Is Dropped Off At South Post Chapel Fund Office After Sponsoring Chaplain's Signature And Being Logged Into The NAF CONTRACT DROP OFF Logbook !

Exact Amount Being Requested _____

Reset Form

Requestor's Information

Name:_____ **Cell Phone:** _____

Email:_____ **Title:** _____

Sponsoring Chaplain:_____ **Sub Account:**_____

Name Of Person To Be Contracted (If Applicable): _____

Month Being Invoiced (If Applicable): _____

TYPE OF TRANSACTION

(Check ONLY one — a separate request must be submitted for each type of transaction)

"C" = Contract Based ***"M" = Miscellaneous***

☐ **Payment Request For Existing NAF Contractor— "C"**	**Submit 1,2,&3**
☐ **Payment Request For NAF Childwatch Provider— "C"**	**Submit 1,2,4,&5**
☐ **Request to Contract A Person(s) For An Event— "C"**	**Submit 1,2,&6**
☐ **Regular Friday Commissary Shopping Request (CSR)— "M"**	**See Page 7**
☐ **Designated Offering Request (DOR)— "M"**	**See Page 8**
☐ **Operation Helping Hands (OHH) Reqest— "M"**	**See Page 9**

Step #1 - IF submitting a "Contract Based" Transaction, please see Step #2. IF submitting a "Miscellaneous" Transaction, please skip to Step #6.
Step #2 - Fill out this Cover Sheet Page and Page 2.
Step #3 - Fill out the appropriate Transaction Page as noted above (3,4/5,or 6).
Step #4 - Submit ONLY the pages needed for your Request to your Sponsoring Chaplain for signature.
NOTE – Childwatch Request For Payments must have a Sponsoring Chaplain or Designee must sign ALL of the events you are requesting for payment. Remember you will ONLY be provided compensation for 15 minutes prior to an Event and 15 minutes following an Event unless you have the CTOF Manager's Approval for an exception.

Step #5 - Submit ONLY the pages needed for your Request to South Post Chapel Fund Office NLT MON COB, 1630 making sure to LOG YOUR NAF CONTRACT TRANSACTION INTO THE NAF CONTRACT DROP OFF LOGBOOK as noted in the shadow box above.

Drop off your POR NLT COB,1630, Monday, then pick up your Payment Check or review your event contract between 1200-1700 that Friday. If the request is dropped off after Monday COB, it can be picked up between 1200-1700 the NEXT Friday.

Step #6 – Fill out the appropriate Transaction page as noted above (7,8, or 9)
Step #7 – Follow the appropriate and applicable instructions listed on your specified transaction page.
Step #8 – Submit your Transaction in accordance with the instructions listed on the specified transaction page.
NOTE – "M" (Miscellaneous) transactions are handled differently than a typical POR or "Contract" based Transaction. Please see instructions listed on the transaction page.

1 - Cover Sheet

Supervisory Approvals

SPONSORING CHAPLAIN

(IF submitting Page 4/5, "Payment Request for NAF Childwatch Provider", please sign directly on Page 4/5 in the space given for the specific event you are verifying as well.)

Justification: _____

_____

My Signature Below Affirms That This Request Supports A Legitimate Government Need

Cell Phone: _____ **Print Name:** _____

Today's Date: _____ **Sign Name:** _____

OFFICE USE ONLY (CONTRACTOR DO NOT WRITE BELOW):

CTOF CONTRACT REPRESENTATIVE

_____ **Contactor Payment (Page 3)**

My Signature Below Affirms That I Have Reviewed The Above Named Individual's Contract and Certify That They Are Within The Limit Set Within Their Contract.

_____ **Childwatch Care Provider (Page 4 / 5)**

Sub-Account: _____ **Total Hours:** _____ **Sub-Account:** _____ **Total Hours:**_____

Sub-Account: _____ **Total Hours:** _____ **Sub-Account:** _____ **Total Hours:**_____

Sub-Account: _____ **Total Hours:** _____ **Sub-Account:** _____ **Total Hours:**_____

Sub-Account: _____ **Total Hours:** _____ **Sub-Account:** _____ **Total Hours:**_____

TOTAL HOURS: _____ **X** **$13/Hour** **=** **TOTAL:** _____

_____ **Event Contract (Page 6)**

Event Name: _____ **Event Date:** _____

Today's Date: _____ **Sign Name:** _____

CTOF Contract Representative

CTOF MANAGER

My Signature Below Affirms That Funds Are Available And Have Been Committed

Today's Date: _____ **Signature:** _____

Fund Manager

2 - Supervisory Approval

NPR V.3

Payment Request For Existing NAF Contractor

1 APR 11

Contractor's Information

Name: _____ Contractor's Title: _____

By signing below I affirm that the following services were performed in accordance with my contract from the USAG-Yongsan Chapel Tithes and Offerings Fund and as such I hereby request payment for services rendered.

Signature: _____ Date: _____

Services Performed

Month Being Invoiced: _____ Sub-Account: _____

Type of Service Performed: _____

Number of Units: _____ x Per Unit Price: _____ = Total amount: _____

Type of Service Performed: _____

Number of Units: _____ x Per Unit Price: _____ = Total amount: _____

Type of Service Performed: _____

Number of Units: _____ x Per Unit Price: _____ = Total amount: _____

Type of Service Performed: _____

Number of Units: _____ x Per Unit Price: _____ = Total amount: _____

Type of Service Performed: _____

Number of Units: _____ x Per Unit Price: _____ = Total amount: _____

Type of Service Performed: _____

Number of Units: _____ x Per Unit Price: _____ = Total amount: _____

TOTAL AMOUNT OF REQUEST: _____

3 - NAF Contractor

Payment Request For NAF Childwatch Provider

Summary of Service Page

4 - NAF Childwatch Provider

Event #1

Date: _____

Actual Start Time: _____ Actual End Time: _____ Total Hours: _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ Signature:_____

Event #2

Date: _____

Actual Start Time: _____ Actual End Time: _____ Total Hours: _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ Signature:_____

Event #3

Date: _____

Actual Start Time: _____ Actual End Time: _____ Total Hours: _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ Signature:_____

Event #4

Date: _____

Actual Start Time: _____ Actual End Time: _____ Total Hours: _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ Signature:_____

Event #5

Date: _____

Actual Start Time: _____ Actual End Time: _____ Total Hours: _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ Signature:_____

Payment Request For NAF Childwatch Provider

Additional Summary of Service Page (If Applicable)

5 - NAF Childwatch Provider

Event #__ **Date:** _____

Actual Start Time: _____ **Actual End Time:** _____ **Total Hours:** _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ **Signature:**_____

Event #__ **Date:** _____

Actual Start Time: _____ **Actual End Time:** _____ **Total Hours:** _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ **Signature:**_____

Event #__ **Date:** _____

Actual Start Time: _____ **Actual End Time:** _____ **Total Hours:** _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ **Signature:**_____

Event #__ **Date:** _____

Actual Start Time: _____ **Actual End Time:** _____ **Total Hours:** _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ **Signature:**_____

Event #__ **Date:** _____

Actual Start Time: _____ **Actual End Time:** _____ **Total Hours:** _____

Sponsoring Chaplain/Designated Representative

Congregation/Sub-Account Information: _____

Print Name:_____ **Signature:**_____

EVC V.3

Request to Contract A Person(s) For An Event

1 APR 11

WHAT IS A "REQUEST TO CONTRACT A PERSON(S) FOR AN EVENT"TRANSACTION?

A "Request to Contract Person(s) For An Event" is used for funding special speakers, singers, guests or teachers for a single event or conference, IF amount being requested is above the $250 Honorarium limit. Ministries are encouraged to have the contracted individual(s) pay all costs (transportation, lodging, food, supplies) up front themselves. Once the event is complete, one check in US $$$ will be given for the total expenses as detailed below.

CONTRACTOR INFORMATION

Individual(s) Being Contracted:_____

Mailing Address: _____

_____

Telephone: _____

Email: _____

EVENT INFORMATION

Proposed Event:_____

Sub Account: _____ **Date Event:**_____

FUNDING INFORMATION

Amount For:		Estimate	Actual
1. Speaking / Singing / Teaching Stipend (Payment)	+	_____	_____
2. Transportation / Airfare (To be reimbursed)	+	_____	_____
3. Lodging (To be reimbursed)	+	_____	_____
4. Other items / supplies (To be reimbursed)	+	_____	_____
TOTAL COST OF CONTRACT	=	_____	_____

TIMELINE FOR YOUR REQUEST

_____ **Step # 1—Submit your request by Monday COB, 1630 to the Fund Office at South Post Chapel.**

_____ **Step # 2—You will receive a digital copy of the "Event Contract" via email from the Fund Office by Friday COB, 1700.**

_____ **Step # 3—IF there are corrections or concerns, email them directly to the Fund Office, "USAGYongsanCTOF@korea.army.mil". You're questions/concerns will be addressed within 5 business days. Once all concerns have been addressed proceed to Step #4**

_____ **Step # 4—IF there are no corrections or concerns, forward the "Event Contract" to the Contractor for signature and have the Contractor scan / email the signed copy back to you.**

_____ **Step # 5—Forward the signed digital copy to the Fund Office, "USAGYongsanCTOF@korea.army.mil".**

_____ **Step # 6—IF you are paying a check directly to the Contractor in person, you must do so at the conclusion of the event, and the earliest you may pick up the Payment Check from the Fund Office is the Friday before your event between 1200-1700.**

_____ **Step # 7—IF, your contract includes bringing in a speaker or guest from off post who does not have pass privileges on USAG-Y please contact RSO Post-Pass Clerk at 738-3010 for information and Pass packet at least THREE WEEKS in advance.**

6 - Request To Contract A Person(s)

CSR V.3

Regular Friday Commissary Shopping Request (CSR)

1 APR 11

1. Regular Friday Commissary Shopping Requests (CSR) are submitted differently than a POR.
2. CSRs are made via this form.

   A. Fill out form with specific items and total not to exceed (NTE) cost.
   B. Take or email CSR to your sponsoring chaplain for signature/approval.
   C. Pickup/receive signed CSR from sponsor.
   D. Go to Commissary on Friday mornings only, with a copy of your signed CSR, select your items and be finished shopping by 11am, in order to start the checkout process which begins at 11am, when the designated Fund Clerk arrives to pay for your items. You must have a copy of signed CSR in order to check out, beginning at 11am. If individual is not in the checkout line by 11am, he/she will not be able to get his/her items paid and Fund Office will not be responsible for any consequences due to the lack of preparation.

NOTE—(Requests for a time other than 11am on Friday must be submitted, approved, and coordinated by a standard Purchase Order Request (POR) via the standard POR process and timeline.)

Shopper Information

Name: _____ Cell Phone #: _____

Unit/Ministry/Congregation: _____
(Please list Sub-Account #)

Event being Supported (Justification): _____

Items to be Purchased

Sponsoring Chaplain ONLY

Not to Exceed (NTE) Amount: _____ Date: _____

Print Name: _____

Signature: _____

7 - Commissary Run

DOR V.3

Designated Offering Request (DOR)

1 APR 11

8 - D.O. Request

INSTRUCTIONS

(AR 165-1 mandates that DOs can only be given to organizations NOT individuals)

Step #1—Fill out this Designated Offering Request (DOR) Form with ALL required information.

Step #2—Turn in DOR to your Sponsoring Chaplain for Approval

Step #3—Turn into Ms. Kim, 738-3010 at the Garrison Chaplain's Office (Bldg 3794) for approval at least 2 weeks prior to your offering date.

Step #4—Upon Garrison Chaplain's approval a scanned copy of your DOR will be sent to the Fund Office, USAGYongsanCTOF@korea.army.mil, Sponsoring Chaplain, and the requestor.

Step #5—Bring a copy of the DOR to your service on the day of your DO and present to Chaplain Assistant on duty when signing Offering Control Sheet (OCS)

NOTE—Chaplain Assistant, place this form in the bank bag with the offering.

INFORMATION

Date Designated Offering is to be taken:_____

Name of Organization: _____

Make check to (If different than Organizational Name):_____

Mailing Address: _____

_____

Telephone: _____

CONGREGATION / GROUP APPROVALS

Designated Faith Group Leader or Contracted Leader, if applicable

Print Name: _____

Date:_____**Signature:**_____

Email: _____

Sponsoring Chaplain

Print Name: _____

Date:_____**Signature:**_____

GARRISON CHAPLAIN APPROVAL

Date:_____**Signature:**_____

Garrison Chaplain

OHH V.3

OPERATION HELPING HANDS (OHH) REQUEST

1 APR 11

PROGRAM INFORMATION

1. *Operation Helping Hands (OHH)* is a program managed by the Religious Support Office and funded by the Chapel Tithes and Offerings Fund (CTOF) to assist service members who are unable to meet even the most basic of needs without outside assistance.
2. The OHH program provides the Service Member (SM) with a *$75.00* check written directly to the *Commissary*.
3. It is the responsibility of the Sponsoring or Unit Chaplain to ensure that all procedures and qualifications have been met before referring a SM.
4. During *Regular Duty Hours* SMs are referred to the Fund Manager at the Religious Support Office (Bldg 3794), 738-3010.
5. During *Non-Regular Duty Hours* SMs are unable to receive O.H.H. funding and can be referred to the Fund Manager, contact info above, during the next duty day.

OHH QUALIFICATIONS AND PRE-REQUEST CHECKLIST

(Sponsoring or Unit Chaplain initial on the spaces below if the statement is TRUE)

_____ SM is the rank of E-5 and below.

_____ SM is within maximum limit of OHH Vouchers for current Fiscal Year (FY)
(Fiscal Year is from October—September. SM is only authorized 2 OHH Vouchers per FY)

_____ SM has requested assistance from the American Red Cross and the Army Emergency Relief Fund before being referred to OHH.

SERVICE MEMBER:

Rank: _____ Last Name: _____ First Name: _____ MI: ___

Cell Phone: _____ Email Address: _____

Unit: _____

SPONSORING CHAPLAIN:

Name: _____

Unit: _____

Date: _____ Signature: _____

CTOF MANAGER:

My signature below affirms that I have reviewed the service member's situation, confirmed that all appropriate procedures were followed, and that the service member qualifies for assistance.

Date: _____ Signature: _____
Fund Manager

O.H.H. Request