

Quarterly Family Support-Nonappropriated Fund Report

RCS: RCFP-087

[For use of this form see USAR Reg 608-1; the proponent agency is the USAR Family Programs Directorate.]

[For Army Reserve Command Family Programs Command FS-NAF Custodians' use only.]

ORGANIZATION SUBMITTING REPORT:

SUBMIT TO:

Commander, United States Army Reserve Command
ATTN: ARRC-FP/Family Programs Directorate
1401 Deshler Street SW
Fort McPherson, GA 30330-2000

REPORT YEAR: _____

REPORT PERIOD: *(Check one below)*

- 1 October - 31 December
- 1 January - 31 March
- 1 April - 30 June
- 1 July - 30 September
- Other Time Period *(please specify)*: _____

Total Telephone Reimbursement Costs:	\$ _____
Total Number of Volunteers Reimbursed:	_____

Total Newsletters, Printing, and Mailing Reimbursement Costs:	\$ _____
Total Number of Volunteers Reimbursed:	_____

Total Child Care Reimbursement Costs:	\$ _____
Total Number of Volunteers Reimbursed:	_____

Total Transportation Reimbursement Costs:	\$ _____
Total Number of Volunteers Reimbursed:	_____

Total Miscellaneous Reimbursement Costs:	\$ _____
Total Number of Volunteers Reimbursed:	_____

Total Overall Reimbursement Costs:	\$ _____
Total Number of Volunteers Reimbursed:	_____

DATE: _____ **FS-NAF Custodian** _____
(MM/DD/YYYY) *(Signature)*