



## UNITED STATES MARINE CORPS

HEADQUARTERS MARINE CORPS AIR STATION MIRAMAR  
PO BOX 452000  
SAN DIEGO CA 92145-2000

StaO 1710.3

MCCS  
14 JUL 1999

### STATION ORDER 1710.3

From: Commanding General  
To: Distribution List

Subj: Key Volunteer Network Supplement Funds

Ref: (a) MCO P1700.27 (NOTAL)

Encl: (1) Average On Board Count Form (MCCS Miramar  
7010/4)  
(2) Expenditure Request Form (MCCS Miramar 7010/3)

1. Purpose. To provide instructions regarding the Key Volunteer Network supplement funds available for active duty personnel stationed on board Marine Corps Air Station (MCAS) Miramar as authorized by reference (a).

#### 2. Information

##### a. Key Volunteer Network Supplement Funds

(1) Key Volunteer Network Supplement Funds are authorized in the amount of \$.60 per person, per year, per average on board count. The year will be in compliance with the Marine Corps Community Services (MCCS) fiscal year (February-January). Average On Board Count Forms (enclosure (1)) must be submitted to the MCCS Accounting Office, Bldg. 2273, no later than the 16<sup>th</sup> day of each month. Forms are available at the MCCS Accounting Office. Average on board counts must not include personnel TAD to other commands.

(2) Key Volunteer Network Supplement Funds may only be used for Key Volunteer Network events (i.e., refreshments for briefs, picnics, etc.) that are offered to all ranks and all members of a command. Funds are not authorized for purchase of minor property (i.e., barbecue grills, stereos, etc.) or for sports equipment and team uniforms.

(3) Available funds may be requested by completing enclosure (2) and submitting it to the MCCS Accounting Office. Upon receipt of the Expenditure Request Form, MCCS Accounting personnel will ensure funds requested are available and a check will be prepared made payable to the designated payee. A minimum of three working days is required. When the check is ready for pick up, MCCS will notify the point of contact. The point of contact will verify the check amount, fill in the appropriate spaces on the Expenditure Request Form and sign the form.

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(4) The unit Family Readiness Officer is responsible for retaining original cash register receipts from all purchases for audit purposes. Cash register receipts and non-expended funds must be turned in to the MCCS Accounting Office within 15 days of the event.

(5) The funding allocation of \$.60 per person, per on board count, per fiscal year may not be exceeded. The MCCS Department maintains a subsidiary ledger for each participating unit indicating the funding allocation per year and the dollars used to date. If a request exceeds the available funding, the request will be returned to the unit so noted; a new request may be submitted for the remaining funds in the account without exceeding the authorization.

(6) Unexpended balances shall not be carried over to the succeeding fiscal year and will be returned to the general MCCS Fund.

  
P. A. CAUGHLAN  
Chief of Staff

Distribution: A

14 JUL 1999

AVERAGE ON-BOARD COUNT  
MCCS MIRAMAR 7010/4 (Rev. 6/99)

Name of Command:

Average on-board count for the month

Month:	Officer:	Enlisted:	Total

Persons authorized to sign request for funds

Commanding Officer Signature:	Printed Name:	Phone Number:
Executive Officer Signature:	Printed Name:	Phone Number:
Recreation Officer Signature:	Printed Name:	Phone Number:

Report due to MCCS personnel no later than the  
16<sup>th</sup> day of each month. Do not include personnel  
TAD to other organizations on this report.

Enclosure (1)

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**EXPENDITURE REQUEST FORM**

MCCS MIRAMAR 7010/3 (REV. 2/99)



Name of Command:		
Purpose of Expenditure:	Date of Event:	Number of Persons:
Check Payable to the Order of:		Amount:
Point of Contact:		Phone:
Command Approving Officer:	Rate/Rank and Printed Name:	Phone:

**NOTE:** For auditing purposes, the "Check Payable to the Order of," "Point of Contact," and "Command Approving Officer" signature may not be the same. For unit allocations only: original receipts and any excess cash must be returned to the MCCS Department within 15 days of the schedule event.

**CHECK RECEIPT ACKNOWLEDGEMENT**

Signature:	Printed Name:	Check Number:	Date:
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**FOR MCCS USE ONLY**


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Amount Approved:	Account Number:	Signature:
Account Balance:	Receipts Returned Date (if applicable):	

ENCLOSURE (