



American Society of Military Comptrollers  
**Gulf Coast Chapter**



P. O. Box 1756  
Eglin AFB, Florida 32542

## Chapter Annual Awards Program

The Gulf Coast Chapter is set to kick-off its Annual Awards Program. The objective of the program is to recognize individuals for outstanding accomplishment within the chapter in one of the following areas:

Volunteer of the Year  
Recruiter of the Year  
Accounting and Finance Person of the Year  
Budgeting Analyst of the Year  
Cost Analyst of the Year  
Auditor of the Year  
Resource Advisor of the Year

The nominations are open to all members of the chapter, with one award winner selected per category.

Anyone may nominate a person who has demonstrated outstanding performance. Each nomination must be prepared using the award form shown on the following pages. The justification must be limited to the space provided, citing specific examples and factual details. Font cannot be smaller than 10pt and must allow for 1/2 inch margins. If an individual is nominated in more than one category, prepare a separate form for each category.

Judging will be based on outstanding performance as evidenced by documentation of specific accomplishments, duty performance, contributions to the overall Comptrollership and savings of resources due to the accomplishments during the calendar year. A selection panel, chaired by the Awards Committee Chairman will review all nominations received and make final recommendations to the Executive Council, who will approve the final award winners.

Nominations **must** be sent by email by Feb 12, 2009 to be considered by the selection panel.

Send nominations to: Lewis Williams  
[lewis.williams@eglin.af.mil](mailto:lewis.williams@eglin.af.mil)  
In the subject line put: Annual Award Nomination

Awards will be presented at the Regional PDI in March.

Contact Lewis Williams if you have any questions at 883-0175



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**Award Category:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

RANK/GRADE

FIRST

M.I.

LAST

**Position/Title:** \_\_\_\_\_

**Office Address:** *(Include Zip Code or APO/FPO #)*

\_\_\_\_\_  
 \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

DSN/FTS  
 COMMERCIAL

COMMERCIAL

DSN/FTS

**E-Mail Address: (Required)**

\_\_\_\_\_

**Nominator Data**

**Name:**

\_\_\_\_\_

RANK/GRADE

FIRST

M.I.

LAST

\_\_\_\_\_

Signature

Date

**Position/Title:**

\_\_\_\_\_

**Office Address:** *(Include Zip Code or APO/FPO #)*

\_\_\_\_\_  
 \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

DSN/FTS  
 COMMERCIAL

COMMERCIAL

DSN/FTS

**E-Mail Address:**

\_\_\_\_\_



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**Achievement Award  
Nomination Form**

***Justification Data; Specific CY Accomplishments***  
***Use a minimum of ½ inch margins, no smaller than 10 pt. One page only – no attachments***

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