

UNITED STATES COAST GUARD AUXILIARY – DIVISION 5 8CR  
 CLAIM FOR REIMBURSEMENT – TRAVEL FORM  
 (DIVISION 5 ONLY)

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_  
 AUXILIARY OFFICE: \_\_\_\_\_  
 STATE: TX ZIPCODE +4: \_\_\_\_\_

CLAIMANT: USE THIS SIDE ONLY				INSTRUCTIONS	
ITINERARY				1. Fill in information, submit 1 copy to DCDR 5 2. Attach all invoices, receipts, tickets, etc. 3. Gasoline allowance is actual cost, no mileage 4. Claims for reimbursement must be presented within thirty (30) days following the end of the month in which the expense is incurred.	
DATE	DEP/ARR	PLACE	TIME		
	DEPART				
	ARRIVE				
	DEPART				
	ARRIVE				
	DEPART				
REIMBURSABLE EXPENSES				APPROVAL AUTHORIZATION  \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____  TOTAL \$ _____	
AUTOMOBILE - FUEL			\$		
AUTOMOBILE - PARKING/TOLLS			\$		
MOTEL			\$		
MEALS			\$		
OTHER - Specify			\$		
TOTAL			\$		
SHARING A ROOM					
Room shared with whom? _____					
CLAIMANT COMMENTS				COMMENTS: FUNDING AUTHORITY	
CLAIMANT SIGNATURE				TRAVEL REIMBURSEMENT APPROVED	
X				X	
SIGNATURE OF CLAIMANT		DATE		AUTHORIZED SIGNATURE      DATE	