

USCG AUXILIARY DIVISION 5 8CR
TRAVEL REIMBURSEMENT PROCEDURE

All claims for reimbursement of travel expenses from Division 5 shall comply with the following procedures.

1. Any travel by a member must be approved in advance by the Division Commander (DCDR) in order for expenses to be reimbursed. The DCDR shall approve the travel by sending an Email to the member with copies to the Division Vice-Commander (VCDR) and the Division Finance Officer (SO-FN). This approval shall state the purpose of the travel and what expenses shall be reimbursed i.e.: gas, lodging and/or meals. Travel expenses shall not be approved for any destination less than fifty (50) miles from the member's home.
2. If gas expenses are to be reimbursed the member shall fill-up prior to leaving home and again upon returning home. Be sure to obtain a receipt. Reimbursement shall be for actual gas used. Mileage shall not be paid.
3. The Division Travel Claim Form, available on the Division website under the "What's New" tab, shall be completed, signed and sent to the DCDR for reimbursement of approved expenses. Original receipts must be attached to this form for all expenses claimed. All claims shall be submitted within thirty (30) days of completing the trip.

At the member's option, the expense claim may be submitted to the DCDR by Email. The Email must have attached the signed claim form and all receipts. If the claim form and receipts as received by the DCDR are not legible or the claim form is unsigned the claim will be rejected by the DCDR and the member shall be advised to submit the original claim form with the original receipts attached by U.S. Mail.

4. The DCDR shall approve all claims and forward the completed form with receipts to the SO-FN for payment. In the absence of the DCDR, the VCDR shall approve the submitted claim form.

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			
AUTOMOBILE - FUEL			\$	\$	_____		
AUTOMOBILE - PARKING/TOLLS			\$	\$	_____		
MOTEL			\$	\$	_____		
MEALS			\$	\$	_____		
OTHER - Specify			\$	\$	_____		
TOTAL			\$	TOTAL \$	_____		
SHARING A ROOM							
Room shared with whom? _____							
CLAIMANT COMMENTS				COMMENTS: FUNDING AUTHORITY			
CLAIMANT SIGNATURE				TRAVEL REIMBURSEMENT APPROVED			
SIGNATURE OF CLAIMANT		DATE		AUTHORIZED SIGNATURE DATE			