UNITED STATES COAST GUARD AUXILIARY - 8TH COASTAL REGION
CLAIM FOR REIMBURSEMENT – TRAVEL FORM
(EIGHTH COASTAL REGION ONLY)

NAME: _____   AUXILIARY OFFICE: _____

ADDRESS: _____   DATE SUBMITTED: _____

CITY: _____   STATE: _____   ZIP: _____

CLAIMANT: USE THIS SIDE ONLY	INSTRUCTIONS

CLAIMANT: USE THIS SIDE ONLY

ITINERARY

DATE	DEP/ARR	PLACE	TIME
	DEPART		
	ARRIVE		
	DEPART		
	ARRIVE		
	DEPART		
	ARRIVE		
	DEPART		
	ARRIVE		
	DEPART		
	ARRIVE		

OTHER REIMBURSABLE EXPENSES	CLAIM
AUTOMOBILE - PARKING - TOLLS - FUEL	
AIR FARE	
TAXI - LIMOUSINE SERVICE	
LUGGAGE	
MOTEL	
MEALS	
REGISTRATION FEES	
OTHER	
Total	

SHARING A ROOM

Was room shared with another Auxiliarist? _____

If so, with whom? _____

CLAIMANT COMMENTS

CLAIMANT SIGNATURE

X _____

SIGNATURE OF CLAIMANT   DATE

INSTRUCTIONS

1. Fill in information, submit 1 copy to DCO.
2. Attach all invoices, receipts, tickets, etc.
3. Gasoline allowance is actual cost, no mileage.
4. Claims for reimbursment must be presented within sixty (60) days following the end of the month in in which the expense was incurred.

AUTHORIZED FUNDING

$ _____
$ _____
$ _____
$ _____
$ _____
$ _____
$ _____
$ _____

COMMENTS: FUNDING AUTHORITY

TRAVEL REIMBURSEMENT APPROVED

X _____

AUTHORIZED SIGNATURE   DATE