



# Expense Reimbursement Claim Form

## U.S Coast Guard Auxiliary 8WRR

**FOR FN USE ONLY!**

CHECK # ISSUED: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

The purpose of this form is to request reimbursement for funds expended on behalf of \_\_\_\_\_ for the purchase of supplies, Materials, equipment or services required for Coast Guard Auxiliary operations. In all cases receipts, purchase orders or other evidence of expenditure shall accompany any claim for refund from unit.

**Member Making Claim:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Make Payment to: Member**    **Other:(specify)** \_\_\_\_\_

**Address for Payment: Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### CLAIM FORM

Amount of Reimbursement Claimed: \$ \_\_\_\_\_

**Program Areas:**

MA	MT	MTG
PA	PB	PE
OTHER: _____		

Nature of Claim (Description & Reason): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BE SURE TO ATTACH RECEIPTS FOR ALL AMOUNTS CLAIMED!**

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**Date claim received:** \_\_\_\_\_ **Claim approved:**    **YES**    **NO**

**Claim was not approved: (reason)** \_\_\_\_\_

**Claim was not approved; unit leader was contacted:**    **YES**    **NO**

**Action recommended by unit leader:** \_\_\_\_\_

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It is recommended that unit leader is contacted in regards to all NON-Allowed claims.



Save a Copy

Clear Form