

DEPARTMENT OF TRANSPORTATION US COAST GUARD CG-5132	<b>COAST GUARD AUXILIARY PATROL ORDERS VESSELS – FY02</b>	TYPE	FY	ORDER NUMBER
		27	02	3126GW



**SECTION I – AUTHORIZATION**

FROM (Order Issuing Authority) Commander, Coast Guard Group San Francisco

TO (Name and address of operator)	MEMBER #
	FACILITY ID #
	# CREW REQUIRED (Including operator) :

1. PERFORM THE FOLLOWING AUTHORIZED  REIMBURSABLE  NON-REIMBURSABLE DUTY PER CURRENT POLICY  
**TYPE OF PATROL** (e.g. safety, Aton, MSO) + **LOCATION** (e.g. Lake Tahoe, San Francisco Bay + **DATE CONDUCTED**

**2 ACCOUNTING DATA**

ITEM	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ CODE
BOAT FUEL	Yes <input type="checkbox"/> No <input type="checkbox"/>		2/6/201/133/30/0/GW/73500/2637/000						
AUTO MILLAGE @ .365 DOCK/RAMP/TOLL FEES	Yes <input type="checkbox"/> No <input type="checkbox"/>		2/6/201/133/30/0/GW/73500/2596/001						
SUBSISTENCE COST	Yes <input type="checkbox"/> No <input type="checkbox"/>		2/P/201/299/12/0/12/73500/2596/002						
TRAILER/VEHICLE FUEL IN LIEU OF MILLAGE	Yes <input type="checkbox"/> No <input type="checkbox"/>		2/6/201/133/30/0/GW/73500/2634/003						

SIGNATURE OF ORDER ISSUING AUTHORITY: \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION II – CLAIM FOR REIMBURSEMENT**

1. ITINERARY	DATE	TIME	LOCATION (Mandatory – use continuation sheet if multiple day patrol) Each block must be filed in – do not use " " marks in section II	AUTO/TRAILERING DATA
Departed Home/Office				Miles: X 0.365
Arrived Launch Site				Cost:
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles: X 0.365
Returned Home/Office				Cost:

2. LIST NAMES AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)

A.	E.
B.	F.
C.	G.
D.	H.

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND <small>(Did the Gov't already provide your meals – e.g. box lunch)</small>	TOTAL CREW/TRAINEEES/AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL	
		OPR	A	B	C	D	E	F	G	H				
Breakfast	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lunch	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dinner	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel, Oil	Yes <input type="checkbox"/> No <input type="checkbox"/>	RECEIPT(S) NEEDED FOR \$75 AND OVER (ATTACH TO CLAIM)												
Ice	Yes <input type="checkbox"/> No <input type="checkbox"/>													
Docking / Ramp / Lock / Toll Fees														
Other (Official Telephone Costs, etc.)														

I HEREBY CERTIFY that the above claim is accurate My crew and I made these expenditures in the use of the Facility listed above, in carrying out the duties specified in this ORDER No previous payment for this patrol has been received

SIGNATURE OF OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_

MAIL CHECK TO (Name and address) & INDICATE "DIRECT DEPOSIT" if applicable	Signature of Claimant
	SSN:
	MEMBER #

**SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY**

1. THIS CLAIM  FORWARDED, APPROVED FOR PAYMENT  RETURNED, DISAPPROVED FOR PAYMENT

SIGNATURE OF ORDER ISSUING AUTHORITY \_\_\_\_\_ DATE: \_\_\_\_\_