

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132	<b>COAST GUARD AUXILIARY PATROL ORDER</b> <b>AIRCRAFT – FY02</b>	Type	F Y	ORDER NUMBER
		27	02	<u>3126</u> FF

**SECTION 1 - AUTHORIZATION**

FROM (Order Issuing Authority) **COMMANDING OFFICER, COAST GUARD AIR STATION SAN FRANCISCO**

To (name and address of Operator) :

	MEMBER # : <b>11N-</b>
	FACILITY ID # : <b>AIRCRAFT N-</b>
	# OF CREW REQUIRED (INCLUDING OPERATOR) :

1. PERFORM THE FOLLOWING AUTHORIZED  REIMBURSABLE  NON- REIMBURSABLE PER CURRENT POLICY

**TYPE OF PATROL** (eg. Safety, LE, Training) + **LOCATION** (eg. Monterey, Northern CA coast ) + **DATE CONDUCTED**

**2. ACCOUNTING DATA**

	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
A/C FUEL	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 / 6 / 201 / 133 / 30 / GF / 73500 / 2632 / 000						
A/C MAINTENANCE	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 / 6 / 201 / 133 / 30 / FF / 73500 / 2532 / 002						
AUTO MILEAGE @ .325 TIE DOWN FEES/TOLLS	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 / 6 / 201 / 133 / 30 / FF / 73500 / 2596 / 002						
SUBSISTENCE COST	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 / P / 201 / 299 / 12 / 0 / 12 / 73500 / 2596 / 001						
TRAILER/VEHICLE FUEL IN LIEU OF MILEAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 / 6 / 201 / 133 / 30 / FF / 73500 / 2634 / 002						

SIGNATURE OF 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 filled in – do not use “ ” marks in Section II	AUTO/TRAILER DATA
Departed Home/Office				Miles : x .325
Arrived Air Field				Cost :
Facility in Use				
Facility Use Ended				
Departed Air Field				Miles : x .325
Returned Home/Office				Cost :

**2. LIST NAME AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (LESS OPERATOR)**

A. \_\_\_\_\_

B. \_\_\_\_\_

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND (Did the Gov't already provide your meals – eg. Box lunch)		TOTAL CREW/TRAINEE/AUTHORIZED PASSENGERS									TOTAL	GRAND TOTAL
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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"/>						
Lunch	YES <input type="checkbox"/>	NO <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"/>						
Tie down fees / tolls	YES <input type="checkbox"/>	NO <input type="checkbox"/>											
Aircraft Fuel & Oil	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A/C FUEL COST BASED ON FLAT RATE COMDTNOTE 16798										
Aircraft Maintenance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A/C MAINTENANCE BASED ON FLAT RATE COMDTNOTE 16798										
			TACH/HOBBS START				END						
			HP		TYPE (1-6)			HOURS					

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 ISSUING AUTHORITY \_\_\_\_\_ DATE : \_\_\_\_\_