

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132	<h2 style="margin:0;">COAST GUARD AUXILIARY PATROL ORDER</h2> <h3 style="margin:0; color: red;">AIRCRAFT – FY03</h3>	Type	F Y	ORDER NUMBER
		27	03	3136FF

SECTION 1 - AUTHORIZATION

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

To (name and address of Operator) :

	MEMBER # : 11N-
	FACILITY ID # : AIRCRAFT N-
	# 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	301	133	30 / GF / 73500 / 2632 / 000		
A/C MAINTENANCE	YES <input type="checkbox"/> NO <input type="checkbox"/>		2	6	301	133	30 / FF / 73500 / 2532 / 002		
AUTO MILEAGE @ .365 TIE DOWN FEES/TOLLS	YES <input type="checkbox"/> NO <input type="checkbox"/>		2	6	301	133	30 / FF / 73500 / 2596 / 002		
SUBSISTENCE COST	YES <input type="checkbox"/> NO <input type="checkbox"/>		2	P	301	299	12 / 0 / 12 / 73500 / 2596 / 001		
TRAILER/VEHICLE FUEL IN LIEU OF MILEAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>		2	6	301	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 .365
Arrived Air Field				Cost :
Facility in Use				
Facility Use Ended				
Departed Air Field				Miles : x .365
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
			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"/>			
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"/>			
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"/>			
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 : _____