

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132 (Rev.01/00)	<h2 style="margin: 0;">COAST GUARD AUXILIARY PATROL ORDER VESSELS - FY03</h2>	Type	FY	ORDER NUMBER
		27	03	3136GV

SECTION 1 - AUTHORIZATION

FROM (Order Issuing Authority) : **Commander, Coast Guard Group Humboldt Bay**

To (name and address of Operator) :

	MEMBER ID# :
	FACILITY ID # :
	# OF CREW REQUIRED (INCLUDING OPERATOR) :

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

TYPE OF PATROL (eg. Safety, Aton, MSO) + **LOCATION** (eg. Lake Shasta) + **DATE CONDUCTED**

2. ACCOUNTING DATA									
	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	301	133	30 / 0	GV	73500	2637 / 000
	YES <input type="checkbox"/> NO <input type="checkbox"/>								
SUBSISTENCE COST	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 / P	301	299	12 / 0	12	73500	2596 / 002
AUTO/TRAILERING COST	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 / 6	301	133	30 / 0	BJ	73500	2634 / 003

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/TRAILERING DATA
Departed Home/Office				Miles : x .365
Arrived Launch Site				Cost :
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles : x .365
Returned Home/Office				Cost :

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

A.	D.
B.	E.
C.	F.

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND (Did the Gov't already provide your meals – eg box lunch)		TOTAL CREW/TRAINEEES/AUTHORIZED PASSENGERS								TOTAL	GRAND TOTAL
			OPR	A	B	C	D	E	F	G		
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"/>				
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"/>				
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"/>				
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 ISSUING AUTHORITY _____ DATE : _____