DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132	**COAST GUARD AUXILIARY PATROL ORDER** Continuation Sheet RESET FORM	Type	F Y	ORDER NUMBER
		27	03	3136GW

Patrol #____ - 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 : **$0.00**
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles : x .365
Returned Home/Office				Cost : **$0.00**

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/TRAINEES/AUTHORIZED PASSENGERS									TOTAL	GRAND TOTAL
		OPR	A	B	C	D	E	F	G	H		
Breakfast	YES ☐ NO ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
Lunch	YES ☐ NO ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
Dinner	YES ☐ NO ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
Fuel, oil	YES ☐ NO ☐	RECEIPT(S) NEEDED FOR $75 AND OVER (ATTACH TO CLAIM)										
Ice	YES ☐ NO ☐											
Docking / Ramp / Lock / Toll Fees												
Other (Official Telephone Costs, etc.)												

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