



DEPARTMENT OF HOMELAND SECURITY
 UNITED STATES COAST GUARD AUXILIARY
 7TH COAST GUARD DISTRICT
 FLOTILLA 8-6 REIMBURSEMENT FORM

DATE:

**USCG AUXILIARY FLOTILLA 86
 ATTN: FLOTILLA FINANCE OFFICER
 1200 SOUTH HARBOR DRIVE
 VENICE, FL 34285**

FROM: (Please print legibly)

Name:

Address:

Listed below are actual out-of-pocket expenses incurred in the official conduct of my USCG Auxiliary duties. I have attached hereto separate receipts or invoices for all items for which reimbursement is sought. I hereby claim that these amounts are due me, and declare that the information shown on this document is true and correct to the best of my knowledge.

Instructions:

- A. Before purchasing, determine from FSO-FN if purchase can be made directly with Flotilla Check or Debit Card.**
- B. Only the expenses authorized in the Flotilla Budget will be reimbursed.**
- C. Do not comingle personal purchases with Flotilla purchases.**
- D. Attach separate receipts to support your claim.**
- E. Claims with receipts over 90 days old will not be considered.**
- F. All claims must be submitted by December 15 of the fiscal year.**

Purchase Date	Budget Line	Item purchased documented by receipt One receipt per line	Amount
Total Reimbursable Amount			

APPROVED & PAID

Date: Check Nr

 Claimant's Signature

 Claimant's printed name.

 USCG AUX FLOTILLA 86 FSO-FN