



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

DATE:

TO: US COAST GUARD AUXILIARY
FLOTILLA 86,
ATTN: FLOTILLA FINANCE OFFICER
1200 HARBOUR DRIVE SOUTH
VENICE, FL 34284

FROM: (Please print legibly)

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 amount(s) are due me,

Instructions:

- A) Only the expenses allowable under the current Flotilla's Reimbursement Policy will be paid.**
- B) Attach separate receipts to support your claim. Do not comingle personal purchases with Flotilla purchases.**
- C) Claims with receipts over 90 days old will not be considered.**
- D) All claims must be submitted in the current fiscal year ending December 31.**

Purchase Order Nr	Purchase Date	Budget Line Nr	Item Description	Amount
				\$
			Total Reimbursable Amount	\$

APPROVED & PAID

Date:

Check Nr

 Claimant's Signature

 Claimants printed name.

 FLOTILLA 86 FSO-FN