

<b>DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG 5132 (Rev. 01/00)</b>	<b>COAST GUARD AUXILIARY PATROL ORDERS</b> (Instructions and Privacy Act Statement on Page 2)	<b>PL</b> 27	FY 03	DOCUMENT NUMBER 2733YM____
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**SECTION I - AUTHORIZATION**

FROM: (ORDER ISSUING AUTHORITY)  
 Commander, Coast Guard Group-Air Station Atlantic City, NJ, 08405-0001

TO: (Name, and address of Operator)	MEMBER #: FACILITY #: # CREW REQUIRED (Including operator):
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1. PERFORM THE FOLLOWING AUTHORIZED  REIMBURSABLE  NON-REIMBURSABLE DUTY PER CURRENT POLICY:  
 Group Atlantic City Instruction 16790, Patrol under the operational control of Group-Air Station Atlantic City on \_\_\_\_\_. Authorized ramp/landing fees.

2. ACCOUNTING DATA

ITEM	AUTHORIZED	ESTIMATED COST	DIST	APPN.	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
FUEL COST	YES X NO	\$200	2/3	301	132	/30/0	YM	73500	2632
AIRCRAFT MAINT. COST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$50	2/3	301	132	/30/0	YM	73500	2532
SUBSISTENCE COST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$15	2/P	301	209	/12/0	12	73500	2596
AUTO/TRAILERING COST	<input type="checkbox"/> YES <input type="checkbox"/> NO X								

SIGNATURE OF ISSUING AUTHORITY  
**T.M. STOKES JR. ENS. Bv direction**
DATE

**SECTION II - CLAIM FOR REIMBURSEMENT**

1. ITINERARY	DATE	TIME	LOCATION	AUTO/TRAILER DATA
Departed Home/Office			Home	Miles:
Arrived Launch Site				Cost:
Facilitv in Use				
Facilitv Use Ended				
Departed Launch Site				Miles:
Returned Home/Office			Home	Cost:

2. LIST NAMES AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)

A.	E.
B.	F.
C.	G.
D.	H.

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND (GOVERNMENT PROVIDED)	TOTAL CREW / TRAINEES / AUTHORIZED PASSENGERS								TOTAL	GRAND TOTAL
		OPR	A	B	C	D	E	F	G		
Breakfast	YES <input type="checkbox"/> NO <input type="checkbox"/>										
Lunch	YES <input type="checkbox"/> NO <input type="checkbox"/>										
Dinner	YES <input type="checkbox"/> NO <input type="checkbox"/>										
Fuel, Oil	YES <input type="checkbox"/> NO <input type="checkbox"/>										
Ice	YES <input type="checkbox"/> NO <input type="checkbox"/>										
Aircraft Flight Hours:		Type Aircraft:								\$	
Trailer Costs, Ramp Fees, Lock Fees:		Landing/Ramp fees									
Other (Official Telephone Costs, etc.):		Cell Phone charges								\$	
Landing Fees, Service/Parking Fees:										\$	

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) or DIRECT DEPOSIT	SIGNATURE OF CLAIMANT:
DIRECT DEPOSIT: (email address here)	SSN:
	MEMBER #:

**SECTION III - ENDORSEMENT BY ISSUING AUTHORITY**

1. THIS CLAIM  FORWARDED, APPROVED FOR PAYMENT  RETURNED, DISAPPROVED FOR PAYMENT

SIGNATURE OF ORDER ISSUING AUTHORITY  
**T.M. STOKES JR. ENS, By direction**
DATE:

Previous edition is obsolete  
 \*Original receipt required for any single item expense \$75.00 or more