UNITED STATES COAST GUARD AUXILIARY **EIGHTH DISTRICT EASTERN REGION CLAIM FOR REIMBURSEMENT FORM** Name _____ Auxiliary Office _____ Address _____ Date Submitted _____ State _____ ZIP ____ Email Phone CLAIMANT: USE THIS SIDE ONLY THIS SIDE: AUDIT USE ONLY 1. Supplies \$_____ Printing/Copying \$_____ 3. Other ____ (specify) 4. Other __ (specify) 5. Other ____ (specify) 6. Other ____ (specify) Total claimed (receipts attached) \$_____ Total approved \$_____ THIS SPACE FOR CLAIMANT COMMENTS AUDIT COMMENTS Use reverse side for additional comments SIGNATURE OF CLAIMANT/APPROVALS **PAYMENT ACTION** Payment has not been received. This statement and all items attached are true. I am aware that this claim for reimbursement must be mailed within thirty (30) days from when the expense was incurred. Date Not approved - VCO/DCO ____ Date ____ Signature Return to claimant without further action ____ Date ____ Approved - VCO Date _____ Date Payment Made - DSO-FN Approved - DCO (when necessary)

Rev. 3/23/05