

**U.S. COAST GUARD AUXILIARY  
9CR CLAIM FOR REIMBURSEMENT - TRAVEL FORM**

NAME \_\_\_\_\_ AUXILIARY OFFICE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  
 FUNCTION ATTENDED \_\_\_\_\_

ITINERARY		
DATE	DEP/ARR	PLACE
	DEP	
	ARR	
	DEP	<input type="text"/>
	ARR	<input type="text"/>
	DEP	<input type="text"/>
	ARR	<input type="text"/>
	DEP	
	ARR	

**COMMENTS- Claimant**

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<b>Reimbursable Expenses Claimed</b>	EXPENSE TYPE:	Claimant paid out-of-pocket
	1. Lodging.....	\$ _____
	2. Fuel.....	\$ _____
	3. Fuel.....	\$ _____
	4. Fuel.....	\$ _____
	5. Parking.....	\$ _____
	6. Tolls.....	\$ _____
	Other:	
	7. _____	\$ _____
	8. _____	\$ _____
9. Total: .....	\$ _____	

**FOR OFFICIAL USE ONLY**

**Account Charged:**

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**COMMENTS**

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**SIGNATURE OF CLAIMANT**

Payment has not been received. This statement and all items attached are true. I am aware that this claim for reimbursement must be completed and forwarded within fourteen (14) days after travel is completed.

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date

**TRAVEL REIMBURSEMENT APPROVED**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Date

THIS FORM MUST BE MAILED AND THE ENVELOPE POSTMARKED WITHIN TWO WEEKS OF THE DATE OF THE EVENT OR IT SHALL BE CONSIDERED CANCELLED.  
**MAIL TO: Bob Stauffer, DCOS, 9CR • 7040 Regents Park Blvd., Toledo, OH 43617**