

D1NR AUX-1  
(5-2011)

Coast Guard Auxiliary First District Northern Region  
**CLAIM FOR REIMBURSEMENT-TRAVEL FORM**

NAME \_\_\_\_\_

MEMBER NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

AUXILIARY OFFICE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**ITINERARY(INCLUDE ZIP CODE)**

**SHARING ROOM/RIDE**

DATE	DEPT/ARR	PLACE
	DEP	
	ARR	
	DEP	
	ARR	
	DEP	
	ARR	
	DEP	
	ARR	
	DEP	
	ARR	
	DEP	
	ARR	

IF ROOM/TRAVEL WAS SHARED WITH ANOTHER AXILIARIST COVERED BY A TRAVEL REQUEST, ENTER NAME/POSITION

SHARED WITH \_\_\_\_\_

**PURPOSE OF TRAVEL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E  
X  
P  
E  
N  
S  
E  
S  
  
C  
L  
A  
I  
M  
E  
D

**EXPENSE TYPE:**

CLAIMANT PAID  
OUT -OF-POCKET

1. FUEL.....	\$ _____
2. PARKING & TOLLS.....	\$ _____
3. TELEPHONE/FAX/PHOTOCOPY.....	\$ _____
4. MEALS.....	\$ _____
5. LODGING.....	\$ _____
6. LODGING TAXES.....	\$ _____
7. OTHER (EXPLAIN).....	\$ _____
8. OTHER (EXPLAIN).....	\$ _____
9. TOTAL.....	\$ _____

**SIGNATURE OF CLAIMAINT**

**PURPOSE FOR TRAVEL APPROVED**

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 seven (7) days after travel is completed.

\_\_\_\_\_  
(Office)  
Travel Authorization Signature [or attach e-mail]

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Office)  
Disbursement Authorization Signature