



DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132 (Rev. 01/00)	<b>COAST GUARD AUXILIARY PATROL ORDERS</b> (Instructions and Privacy Act Statement on page 2)	TYPE	FY	DOCUMENT NUMBER
		27		

**SECTION I - AUTHORIZATION**

FROM (Order Issuing Authority):

TO (Name and address of operator):	MEMBER #:
	FACILITY #:
	# CREW REQUIRED (Including operator):

1. PERFORM THE FOLLOWING AUTHORIZED  REIMBURSABLE  NON-REIMBURSABLE DUTY PER CURRENT POLICY:

2. ACCOUNTING DATA

ITEM	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
FUEL COST	Yes <input type="checkbox"/> No <input type="checkbox"/>								
AIRCRAFT MAINT. COST	Yes <input type="checkbox"/> No <input type="checkbox"/>								
SUBSISTENCE COST	Yes <input type="checkbox"/> No <input type="checkbox"/>								
AUTO/TRAILERING COST	Yes <input type="checkbox"/> No <input type="checkbox"/>								

SIGNATURE OF ORDER ISSUING AUTHORITY:	DATE:
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**SECTION II - CLAIM FOR REIMBURSEMENT**

1. ITINERARY	DATE	TIME	LOCATION	AUTO/TRAILER DATA
Departed Home/Office				Miles:
Arrived Launch Site				Cost:
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles:
Returned Home/Office				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/TRAINEEES/AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL
		OPR	A	B	C	D	E	F	G	H			
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													
Other (Official Telephone Costs, etc.)													

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:
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MAIL CHECK TO (Name and address):	Signature of Claimant:
	SSN:
	MEMBER #

**SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY**

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

SIGNATURE OF ORDER ISSUING AUTHORITY:	DATE:
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**PRIVACY ACT STATEMENT**

- 1. Authority : 14 USC 821 and 632.
- 2. Principal Purpose: Used to maintain accurate records of (a) patrols conducted by auxiliariasts and (b) claims brought against the Coast Guard by Auxiliariasts following an authorized patrol.
- 3. Routine Uses: (a) to issue patrol orders and (b) to substantiate claims for reimbursement.
- 4. Disclosure: Voluntary. Failure to provide the requested information may (a) result in total or partial denial of amount claimed and (b) will prevent the issuance of patrol orders.

**A. THE ORDER ISSUING AUTHORITY SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS**

ORDER NUMBER: Enter complete DAFIS document number beginning with document type 27.

**SECTION I - AUTHORIZATION**

- FROM: Enter title of Order Issuing Authority.
- TO: Enter selected operator's name and address.
- MEMBER#: Enter the operator's member number.
- FACILITY ID #: Enter the district assigned identification number.
- # OF CREW REQUIRED: Enter the total amount of crew **REQUIRED** by the district for patrol/mission, including operator.
- 1. PERFORM AUTHORIZED DUTY: Check reimbursable or non-reimbursable. Enter description of duty including dates, places, reporting requirements, etc., and indicate how trailering costs are reimbursed (either mileage or receipts). Add sufficient Continuation Sheets, CG-5132-1, with appropriate sections completed to cover multi-patrol orders.
- 2. ACCOUNTING DATA: Indicate whether Fuel, Aircraft maintenance, Subsistence or Auto/Trailering costs are authorized. Enter estimated costs and complete the accounting line for each. If only aircraft fuel cost is authorized, fuel receipts are required for reimbursement. If both aircraft Fuel and Maintenance costs are authorized, reimbursement is based on the Flat Rate Reimbursement Schedule below, and fuel receipts are not required. For boat fuel use obj. 2637. For aircraft fuel use obj. code 2632. For aircraft maintenance use obj. code 2532.
- SIGNATURE OF ORDER ISSUING AUTHORITY: Enter name of person authorized to sign as Order Issuing Authority and obtain signature.
- DATE: Enter the date orders were issued (must be on or before date of actual patrol).

**SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY**

- 1. THIS CLAIM: Once form is returned for reimbursement, mark "Approved for Payment" or "Disapproved for Payment." If approved, send original to FINCEN, if disapproved, return to member.
- SIGNATURE OF ORDER ISSUING AUTHORITY: Enter name of person authorized to sign as Order Issuing Authority and obtain signature.
- DATE: Enter date endorsement was signed.

**B. THE OPERATOR SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS**

**SECTION II - CLAIM FOR REIMBURSEMENT**

- 1. ITINERARY: Complete **ALL DATE, TIME AND LOCATION BLOCKS**. Fill in mileage or trailering costs, as authorized (attach required receipts). Complete attached Continuation Sheet(s), CG-5132-1, if any, to be reimbursed for multi-patrol orders.
- 2. LIST NAME AND MEMBER # OF ALL PERSONNEL ON BOARD: Enter the name and member number (as appropriate) for **REQUIRED** crew plus all trainees and passengers authorized to be on board, but **DO NOT** list the operator.
- 3. REIMBURSABLE EXPENSES: FINCEN will compute meal reimbursements based on current BAS rates: Mark boxes of items received in kind (those furnished by the Coast Guard or sometimes from a Coast Guard authorized vendor). If items, other than meals, were not received in kind, mark NO and enter total dollar amount. However, do not enter anything in Total Crew/Trainees/Passengers Breakfast, Lunch or Dinner boxes, except a mark to indicate it was received. Aircraft Flight Hours must be entered. Enter the type aircraft. Reimbursement is based on the total for aircraft type from the Flat Rate Reimbursement Schedule below.
- SIGNATURE OF OPERATOR: Operator must sign certification. This certification is required by law. Forward the signed and appropriately completed forms as directed.
- DATE: Enter the date the operator signed the claim certification.
- MAIL CHECK TO: Enter name and address of the claimant (person to receive the reimbursement for the patrol).
- SIGNATURE OF CLAIMANT: The person who is to receive the reimbursement for the patrol must sign here.
- SSN: Enter the claimant's Social Security Number
- MEMBER #: Enter the claimant's member number.

**AUXILIARY AIRCRAFT FLAT RATE REIMBURSEMENT SCHEDULE**

	<u>Type 1</u>	<u>Type 2</u>	<u>Type 3</u>	<u>Type 4</u>	<u>Type 5</u>	<u>Type 6</u>
	80-139 Horsepower Aircraft	140-199 Horsepower Aircraft	200-235 Horsepower Aircraft	236-300 Horsepower Aircraft	301-400 Horsepower Aircraft	All Multi- Engine Aircraft
Fuel/hour	\$10.00	\$16.00	\$24.00	\$28.00	\$37.00	\$40.00
Maintenance/hour	\$21.00	\$41.00	\$43.00	\$44.00	\$47.00	\$63.00
Total	<b>\$31.00/hr</b>	<b>\$57.00/hr</b>	<b>\$67.00/hr</b>	<b>\$72.00/hr</b>	<b>\$84.00/hr</b>	<b>\$103.00/hr</b>