| CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE<br>U.S. COAST GUARD<br>(UNIT NAME) | 2. VOUCHER NUMBER<br><br>3. SCHEDULE NUMBER |
|---|---|---|

*Read the Privacy Act Statement on the back of this form.*

**5. PAID BY**

**4. CLAIMANT**

| a. NAME *(Last, first, middle initial)* | b. SOCIAL SECURITY NO. |
|---|---|
| MEMBER NAME | EMPLOYEE ID # |
| c. MAILING ADDRESS *(Include ZIP Code)* | d. OFFICE TELEPHONE NUMBER |
| HOME | OFFICE |

**6. EXPENDITURES** *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

*Show appropriate code in col. (b):*
**A** - Local travel
**B** - Telephone or telegraph, or
**C** - Other expenses *(itemized)*
**D** - Funeral Honors Detail
**E** - Specialty Care

*(Explain expenditures in specific detail.)*

| DATE 2010 (a) | CODE (b) | (c) FROM | (d) TO | MILEAGE RATE ¢ / NO. OF MILES (e) | AMOUNT CLAIMED: MILEAGE (f) | FARE OR TOLL (g) | ADD PERSONS (h) | TIPS AND MISCELLANEOUS (i) |
|---|---|---|---|---|---|---|---|---|
| Training Dates | | Motorcycle Basic Rider Course | | | COURSE | COST | > | 000.00 |
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| *If additional space is required continue on the back.* | | | SUBTOTALS CARRIED FORWARD FROM THE BACK | | | | | |
| **7. AMOUNT CLAIMED** *(Total of cols. (f), (g) and (i).)* ▶ $ 000.00 | | | | **TOTALS** | | | | 000.00 |

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

*Sign Original Only*

**APPROVING OFFICIAL SIGN HERE** ▶ CG-1132 DATE

9. This claim is certified correct and proper for payment.

*Sign Original Only*

**AUTHORIZED CERTIFYING OFFICER SIGN HERE** ▶ CG-51 DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

*Sign Original Only*

**CLAIMANT SIGN HERE** ▶ MEMBER SIGN DATE

**11. CASH PAYMENT RECEIPT**

| a. PAYEE *(Signature)* | b. DATE RECEIVED |
|---|---|
| | c. AMOUNT $ |

**12. PAYMENT MADE BY CHECK NO.**

*ACCOUNTING CLASSIFICATION*

ACCOUNTING LINE:2D001123560BJ64132252A 3310G80DBJ _ _ _
DOCUMENT NUMBER:
COURSE CODE: 502001

**6. EXPENDITURES** - *Continued*

| DATE 19 2010 (a) | CODE (b) | *Show appropriate code in col. (b):* **A** - Local travel; **B** - Telephone or telegraph, or; **C** - Other expenses *(itemized)*; **D** - Funeral Honors Detail; **E** - Specialty Care — *(Explain expenditures in specific detail.)* (c) FROM | (d) TO | MILEAGE RATE ¢ NO. OF MILES (e) | AMOUNT CLAIMED: MILEAGE (f) | FARE OR TOLL (g) | ADD PER-SONS (h) | TIPS AND MISCEL-LANEOUS (i) |
|---|---|---|---|---|---|---|---|---|
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