



COMDTNOTE 16798

CANCELLED:

COMMANDANT NOTICE 16798

Subj: AUXILIARY AVIATION FACILITY FLAT RATE REIMBURSEMENT

Ref: (a) Auxiliary Operations Policy Manual, COMDTINST 16798.3(Series)
(b) Auxiliary Manual, COMDTINST M16790.1(Series)
(c) FINCEN SOP, FINCENSTFINST M7000.1(Series)

1. PURPOSE. This Notice provides changes to the Auxiliary aviation reimbursement rate as outlined in references (a) and (b).
2. ACTION. Commanding officers of air stations shall follow the procedures contained in this notice when preparing patrol orders for Auxiliary aircraft.
3. DIRECTIVES AFFECTED. As appropriate, the changes outlined in this Notice will be incorporated into the next change to references (a) and (b), and all other appropriate manuals, instructions, forms, and publications.
4. DISCUSSION. Effective immediately, operators of Auxiliary aircraft issued patrol orders will be reimbursed for their expenses based on a flat hourly rate, using the table in enclosure (1). These rates are intended to provide reimbursement for fuel, oil, and maintenance expenses and are derived from known, industry published, actual hourly cost data for each airplane type. When the flat hourly rate is used, fuel and maintenance costs must be reported via separate accounting lines or via a single accounting line if using the Patrol Order Management System (POMS). Enclosure (1) contains the breakdown of reimbursement rates for type specific aircraft. Expenses for landing fees, ramp fees, and miscellaneous costs, when authorized, will continue to be reimbursed separately from maintenance and fuel. When the total fuel cost varies from the flat hourly rate, reimbursement adjustments may be made on a case-by-case basis using fuel receipts. Fuel and Coast Guard usage documentation must be submitted with each claim for reimbursement. Maintenance shall be reimbursed to the claimant irrespective of the means of fuel reimbursement calculation. Program managers

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and order issuing authorities must judiciously use existing funds to support Auxiliary aircraft patrols.

5. IMPLEMENTATION. For ease of payment, Auxiliary air facilities will be categorized as Type 1 through Type 8 facilities. Auxiliary air facilities that do not fit within the standardized categories will be categorized as Type 9 facilities. Hourly fuel and maintenance rates will be based on industry standards for that particular air facility. Approval of Type 9 air facility hourly fuel and maintenance rates will be the responsibility of the Chief Director, Auxiliary (G-OCX). The existing Coast Guard Auxiliary Patrol Order form (CG Form 5132) shall be used to obtain the aviation flat-rate reimbursement. Accounting data for the type specific aircraft must be broken down into fuel and maintenance costs using enclosure (1). Order Issuing Authorities shall use Object Class Code 2532 for aircraft maintenance, Object Class Code 2632 for aircraft fuel, and Cost Center 73500 on all Auxiliary Patrol Orders. Refer to section D of reference (c) for instructions on preparing Auxiliary patrol orders, DAFIS Document Type 27. The Auxiliarist shall report the aircraft reimbursement type and aircraft flight hours flown on the CG Form 5132 as shown in enclosure (2). Reimbursement for aircraft fuel and maintenance shall be calculated using enclosure (1).


D. W. KUNKEL

Encl.: (1) Auxiliary Aircraft Type Hourly Payment Rates
(2) Sample Patrol Order (CG-5132) Form

AUXILIARY AIRCRAFT TYPE HOURLY PAYMENT RATES 2005

1. Alaska and Hawaii will increase these aircraft rates by 15% to offset the higher cost of living in these areas.
2. These maintenance rates are based on the current Civil Air Patrol (CAP) reimbursement rates and will be reviewed periodically to maintain parity between the CAP and CG Auxiliary Air.
3. The fuel rates will be reviewed in step with the maintenance rates.
4. Helicopter rates will be determined by G-OCX on a case-by-case basis.
 - a. -An R22 Helicopter will have a reimbursement rate of \$101/hour and a Bell 47G-2 Helicopter is \$150/hr

New Rates with national fuel average of \$3.06 per gallon and CAP maintenance rates

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6	TYPE 7	TYPE 8
Horsepower	60-129HP	130-199 HP	200-249 HP	250-299 HP	300-400 HP	ME 200HP or less per engine	ME 201HP – 250HP per engine	ME 250HP- 350HP per engine
AUX Maint rates	\$32.00	\$41.00	\$43.00	\$52.00	\$67.00	\$71.00	\$82.00	\$94.00
Flat Rate Fuel Rates (Includes Lube)	\$22.00	\$34.00	\$46.00	\$56.00	\$71.00	\$81.00	\$92.00	\$122.00
Total/Hr	\$54.00	\$75.00	\$89.00	\$108.00	\$138.00	\$152.00	\$174.00	\$216.00

ENCLOSURE(1)

COAST GUARD AUXILIARY PATROL ORDER

(Instructions and Privacy Act Statement on page 2)

TYPE	FY	DOCUMENT NUMBER
27		

SECTION I - AUTHORIZATION

COM (Order Issuing Authority): as required

(Name and address of operator):

MEMBER #: as required

FACILITY #: as required

CREW REQUIRED (Including operator):

Mr. John Q. Public, 123-45-6789
123 Rock St., Washington, DC 12345

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

2. ACCOUNTING DATA

	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
FUEL COST	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	33.00	---	as---	---	req'd	-----	73500	2632
AIRCRAFT MAINT. COST	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	96.00	---	as---	---	req'd	-----	73500	2532
SUBSISTENCE COST	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8.00	---	as---	---	req'd	-----	73500	2596
AUTO/TRAILERING COST	Yes <input type="checkbox"/> No <input type="checkbox"/>								

SIGNATURE OF ORDER ISSUING AUTHORITY:
LT I. M. Young

I. M. Young

DATE: as required

SECTION II - CLAIM FOR REIMBURSEMENT

1. ITINERARY	DATE	TIME	LOCATION	AUTO/TRAILER DATA
Departed Home/Office			as required	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. as required	E.
B.	F.
C.	G.
D.	H.

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND (GOVERNMENT PROVIDED)		TOTAL CREW/TRAINEE/AUTHORIZED PASSENGERS								TOTAL	GRAND TOTAL	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 checked="" type="checkbox"/>	x	x								8.00	
Dinner	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Fuel, Oil	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>										33.00	
Ice	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Aircraft Flight Hours:	3		Type Aircraft: C152										
Trailer Costs, Ramp Fees, Lock Fees			Type-1 maintenance/3.0 hours								96.00		
Other (Official Telephone Costs, etc.)												137.00	

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:
John Q. Public *John Q. Public*

DATE:
current date

MAIL CHECK TO (Name and address):
as required

Signature of Claimant: *J. Q. Public*

SSN: 123-45-6789

MEMBER #: as required

SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY

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

SIGNATURE OF ORDER ISSUING AUTHORITY:
LT I. M. Young

I. M. Young

DATE:
date approved