

## TICKET REIMBURSEMENT PROGRAM.

- A. The purpose of the Ticket Reimbursement Program is to partially defray the cost of admission tickets for various authorized events.
- B. Coast Guard active duty personnel permanently attached to Training Center Cape May, CG units/vessels located in Cape May, and personnel assigned to the Loran Support Unit may request support under this program for tickets purchased by themselves, their spouses and their dependent children. Unmarried personnel may request support for tickets for themselves and one guest.
- C. The cost of this program cannot be fully anticipated; therefore, support is limited to sporting events, amusement parks, commercial/deep sea fishing trips, stage presentations, cape may ferry tickets and "beach tag" fees for local beaches. Not included in this program are movies, camping, facilities, boat rental, fishing and hunting licenses, equipment rental, shotgun shells, or similar recreational expenditures.
- D. The following guidelines apply to the reimbursement process:
  - 1. The reimbursable amount is limited to 50% of the purchase price (including any discounts offered) up to a maximum of \$20.00 per event.
  - 2. Families and individuals who participate in this program are limited to one use of the fund per month and a maximum of four uses per NAF fiscal year (1 February through 31 January).
  - 3. All requests must be submitted in the month in which the event was attended. However, requests received by the 10<sup>th</sup> of the month following the month in which the event was attended will be honored. This will allow for receipt of requests for events held at the end of the month and cover possible delays in the mail. Checks will be written on the 15<sup>th</sup> of each month and can be picked up after that time.
  - 4. No events or functions held on board Training Center Cape May, NJ will be eligible under this program.
  - 5. No telephone requests will be accepted or approved.
- E. Application for support will be made on "Application for Morale, Well-Being, and Recreation Ticket Reimbursement" form, an example of which is attached as Enclosure (1). This form should be reproduced locally. The application will be completed and submitted to the TRACEN Morale Section Chief via the first line supervisor for approval and funding. Proof of purchase of tickets must accompany the request in the form of ticket stubs or receipts.
- F. **The first line supervisor should ensure that only the member's authorized dependents, or one guest if single, has used the tickets.** Example: A married man with one dependent child would be entitled to support for three tickets. If he submits a claim for support for more than three, the supervisor should inform him that he is not entitled to more than three and the member should re-submit the application.
- G. A record of Morale Fund expenditures for ticket support will be maintained for each individual by the MWR Section Chief. All requests for reimbursement exceeding that authorized, or submitted late, will be returned disapproved.
- H. Funds will be allotted on a quarterly basis. When all funds are expended for a particular month, no additional funds will be made available and no additional requests for that month will be honored.

APPLICATION FOR MORALE, WELL-BEING, AND RECREATION TICKET REIMBURSEMENT

From: \_\_\_\_\_  
(Name - PLEASE PRINT) (EMPLID #) Rate/Rank

To: Training Center Cape May Morale Supervisor

Via: \_\_\_\_\_, First Line Supervisor

(a) MORALE WELL-BEING, AND RECREATION (MWR) REIMBURSEMNT PROGRAM,

NAME OF EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

COST PER TICKET: \_\_\_\_\_ NO. OF TICKETS: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_

NUMBER OF PRIOR REQUESTS SUBMITTED THIS CGES YR (2/1 THUR 1/31): \_\_\_\_\_

2. Attached hereto are the ticket stubs, or receipts to substantiate the above request. I certify that I attended the event with my authorized dependents/guests.

\_\_\_\_\_/\_\_\_\_\_  
(DIVISION) (Telephone) \*Note: Checks are written on the 15<sup>th</sup> of each month

\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Rate/Rank)

CERTIFICATION OF FIRST LINE SUPERVISOR

DATE: \_\_\_\_\_

1. I certify that the above request is authorized in accordance with reference (a).

\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Rate/Rank)

From: TRACEN MWR Section Chief

DATE: \_\_\_\_\_

To: \_\_\_\_\_

( ) APPROVED. Enclosed herewith is check # \_\_\_\_\_, dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ which is the total amount of reimbursement allowed under reference (a). This is your \_\_\_\_\_ request approved for payment this FY.

( ) DISAPPROVED. No funds available/Late Submission/Excess Use/Unauthorized Event.

(Signature) \_\_\_\_\_