



**Fifth District Northern Region Auxiliary Board Inc.
Authorization and Claim for Reimbursement**

Name _____
Street Address _____
City _____ State _____ Zip _____

Date: _____
Office: _____ Mem. No.: _____
Tel.() _____ Fax.() _____

REQUEST

Activity: VE OP PE PA Other
Location: _____
When: _____
Requested By: _____
Date: _____ Total Estimated Cost: _____

EXPENSES

Date	Breakfast	Lunch	Dinner

APPROVAL

Approved By: _____
Date: _____

Total Meals _____
miles @ .30/mi. _____
Parking and Tolls _____ *

ITINERARY

Date	Dep/Arr	Place	Time
	Dep		
	Arr		
	Dep		
	Arr		
	Dep		
	Arr		
	Dep		
	Arr		



Lodging _____ *
Other _____ *
TOTAL _____

Signature of Claimant _____
Date: _____
Program Manager Approved _____
Date: _____

ACTIVITY

Patrols

Area: _____ Hrs of Patrol: _____
Assists: _____ Value of Property: _____

Vessel Examinations

Area: _____ VSC's Performed: _____

Public Education

Location: _____ Course Description: _____
No. Students: _____ No. Graduates: _____
Want to Join Auxiliary: _____

Public Affairs

Booth Location: _____ No. of Persons: _____
Interest In: VE PE AUX Other

Other

Comments: _____

Travel Reimbursement

Check No. & Date Issued: _____ Treasurer: _____