

CGAuxA-3A (1/08)

**COAST GUARD AUXILIARY ASSOCIATION, INC.
CLAIM FOR REIMBURSEMENT - TRAVEL FORM**

NAME _____ AUXILIARY OFFICE _____
 ADDRESS _____ BUDGET ACCOUNT _____
 CITY _____ ST _____ ZIP _____
 EMAIL _____ PHONE _____

Check here if not grant associated travel. If travel **WAS** performed in conjunction with a grant, enter:

Grant Name: _____ **Grant Number:** _____

ITINERARY			SHARING ROOM / RIDE
DATE	DEP/ARR	PLACE	If room / ride was shared with another Auxiliarist covered by a Travel request, enter name and office held here: Shared with _____ Office _____
	DEP		
	ARR		COMMENTS
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		

EXPENSES CLAIMED	EXPENSE TYPE:	Category total:	CGAuxA credit card	Claimant paid out-of-pocket
	1. Gasoline & oil	\$ _____	\$ _____	\$ _____
2. Parking & tolls	\$ _____	\$ _____	\$ _____	
3. Airfare	\$ _____	\$ _____	\$ _____	
4. Taxi - limousine	\$ _____	\$ _____	\$ _____	
5. Telephone & fax charges	\$ _____	\$ _____	\$ _____	
6. Baggage & tips	\$ _____	\$ _____	\$ _____	
7. Hotel	\$ _____	\$ _____	\$ _____	
8. Hotel taxes	\$ _____	\$ _____	\$ _____	
9. Other	\$ _____	\$ _____	\$ _____	
10. Other	\$ _____	\$ _____	\$ _____	
11. Totals:	\$ _____	\$ _____	\$ _____	
12. Plus per diem:			\$ _____	
13. Plus lodging allowance:			\$ _____	
14. Less adjustments, e.g. meals provided/other CC charges, etc.			\$ _____	
15. Less previous payments:			\$ _____	
16. Reimbursement due claimant:			\$ _____	

SIGNATURE OF CLAIMANT	Authorized Rates and Days:
Payment has not been received. This statement and all items attached are true. I am aware that this claim for reimbursement must be E-mailed & copies of required receipts faxed to AUXCEN within seven (7) days after travel is completed. _____ Member signature	Per Diem Rate: \$ _____ Lodging Rate: \$ _____
	Per Diem Days: _____ Lodging Days: _____
	TRAVEL REIMBURSEMENT APPROVED

	Authorized signature

E-MAIL SUBMISSION - Authorized and preferred for all travelers with electronic completion capabilities even if they do not have the ability to electronically sign the form.

Required Software:

The software required to complete this form is a full version of Adobe Acrobat 5.0 or above, or, Acrobat Approval. The free Acrobat Reader will not allow you to save the form, only read it and print it.

Electronic document completion and flow:

First Step:

The form is required and initiated by the officers (NACO, NAVCO, NIPCO, ARCOs, NACOS, NADCOs and Executive Director) authorized the use and issued an AuxA corporate credit card. The traveler shall complete the personal information section, the grant section if travel performed under a grant, the itinerary section along with the Sharing Room/Ride block, and then enter the expenses claimed for items 1-10 and any previous payments received in conjunction with the orders in item 15. The expenses claimed on the appropriate lines for items 1-10 are for official expenses that you paid with the corporate credit card or with your personal funds and/or personal credit card. Enter the total expense for each item under the "Category Total" column then enter the portion of that amount charged to the corporate credit card under the column "CGAuxA Credit Card". The difference between the first column and the second column will automatically be displayed in the third column showing the portion of the amount paid by the traveler with personal funds or personal credit cards. Expenses claimed in items 9 and/or 10 "Other" require a brief explanation in the "COMMENTS" block of the form before you will be allowed to electronically sign the form. For expense item 15 "less previous payments" any amount entered must be as a negative number, e.g. if you received a previous payment of \$50.00 then enter "-50.00 to reflect that payment. If you have electronic copies of receipts you may attach them to the form by selecting the ATTACHMENTS button on the left side of the electronic AuxA-3A form, click add then select the documents using the browser. Once the documents are attached, close the attachment section then proceed to signing the form. Insert your electronic signature in the Signature block of the form. Immediately following the signing step a dialogue box will appear with an area to enter your individual password and the ability to "save" or "save as". The correct selection is "SAVE AS" which will allow you to specify a new file name. Name the file in a manner that identifies the file to you such as "NADCO-O-NACON03.pdf", "ARCO-AW-9WR Conf.pdf", etc. Selecting the "save" option will generate an error; the original AuxA-3A form should be write-protected on your system. If not then you will require a fresh copy for each form you complete from the FORMS page on the cgaux.org website. If you cannot electronically sign the form then click on FILE at the top of the electronic document and "SAVE AS" described above without a signature. Attach the "SAVED AS" document to an e-mail message then send to auxatvl@sbcglobal.net. Any receipts/supporting documents not electronically attached to the form should be sent by fax with a copy of your orders to AUXCEN at (314) 962-6804. Contact DVC-IF at dvc-if@cgaux.org for assistance if you have difficulties in electronically forwarding the form. Once the document is electronically signed the ability to "RESET" the form is removed from all subsequent actions; the "RESET" box will disappear. Any changes must be made before signing the form. NOTE: AUXCEN travel section cannot process any claims without the required receipts.

Second Step:

AUXCEN travel section will complete the Per Diem and Lodging rates section and enter any adjustments needed, save and forward the form to the Executive Director for approval. The Executive Director verifies all entries and receipts for completeness. If not complete the traveler will be notified and the claim held pending receipt of missing information. Upon approval, the Executive Director electronically signs the form then schedules check issuance to the claimant. A printed copy of the claim will be sent to the claimant with the check. A hard copy of the form and all supporting receipts/documents will be printed and retained at the AUXCEN for official records and auditing purposes.

NOTES:

Anyone in the process may suggest or add to the comments section. Following the first electronic signature the items completed by the signatory are changed to "Read Only" with the exception of expense items 12-16, comments, authorized rates/days, and travel reimbursement sections. The form originator (First Step) cannot enter data in expense items 11, 12, 13, 14 or 16, nor the authorized rates and days section, as these items are entered by the AUXCEN travel section. Changes by each signatory may be reviewed using the "signature" tab that users may access from the "windows" tab at the top of the Acrobat window.

All claims are to be submitted with seven (7) days of completing the travel