



DEPARTMENT OF HOMELAND SECURITY  
**UNITED STATES COAST GUARD AUXILIARY**

7<sup>TH</sup> COAST GUARD DISTRICT  
FLOTILLA 8-6

Date:

To: U.S. Coast Guard Auxiliary  
Flotilla 86 Finance Officer  
P.O. Box 1941  
Venice, FL. 34284

From:

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The following expenditures are “actual out-of-pocket expenses” incurred in the official conduct of my duties and/or in the performance of my service as the:

\_\_\_\_\_  
(Your Title)

Date	Brief Description of Actual Expense(s)	Purpose or Nature of Expense(s)	Amount
			\$
		<b>Total Reimbursable Amount</b>	\$

Instructions:

- a) Only the expenses allowable under the current Flotilla’s Reimbursement Policy will be paid.
- b) Attach all necessary receipts necessary to support your claim.
- c) Claims with receipts over 90 days will not be considered.

Please mail check to:

I hereby claim the amount due me, and declare that the information shown on this voucher form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Claimant’s Signature

\_\_\_\_\_  
Date