

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**COAST GUARD AUXILIARY PATROL ORDER**

(Instructions & Privacy Act Statement on Page 5)

TYPE	FY	DOCUMENT NUMBER
27		

**SECTION I - AUTHORIZATION**

FROM (Order Issuing Authority):

TO (Name & Address of Operator):

MEMBER #:

# OF CREW REQUIRED  
(Including operator):

FACILITY #:

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

2. ACCOUNTING DATA	AUTHORIZED?	EST. COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
Fuel Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Aircraft Maintenance Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Subsistence Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Auto/Trailing Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**SECTION II - CLAIM FOR REIMBURSEMENT**

1. ITINERARY	DATE	TIME	LOCATION	AUTO/TRAILER DATA
Departed Home/Office				Miles:
Arrived Launch Site				Cost:
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles:
Returned Home/Office				Cost:

2. LIST NAMES & MEMBER #'S (As appropriate) OF ALL PERSONNEL ON BOARD (Excluding operator)

A.)	E.)
B.)	F.)
C.)	G.)
D.)	H.)

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND? (Gov't Provided)	TOTAL CREW/TRAINEE'S/AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL
		OPR	A.)	B.)	C.)	D.)	E.)	F.)	G.)	H.)			
Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Fuel, Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Aircraft Flight Hours:		Type of Aircraft:											
Trailer Costs, Ramp Fees, Lock Fees													
Other (Official telephone costs, etc.)													

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:

DATE:

MAIL CHECK TO (Name & Address):

SIGNATURE OF CLAIMANT:

EIN:

MEMBER # :

**SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY**

1. THIS CLAIM HAS BEEN:

- ☐ FORWARDED & APPROVED FOR PAYMENT  
☐ RETURNED & DISAPPROVED FOR PAYMENT

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**PART 1 - ORIGINAL COPY**

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**COAST GUARD AUXILIARY PATROL ORDER**

(Instructions & Privacy Act Statement on Page 5)

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**SECTION I - AUTHORIZATION**

FROM (Order Issuing Authority):

TO (Name & Address of Operator):

MEMBER #:

# OF CREW REQUIRED  
(Including operator):

FACILITY #:

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

2. ACCOUNTING DATA	AUTHORIZED?	EST. COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
Fuel Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Aircraft Maintenance Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Subsistence Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Auto/Trailing Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**SECTION II - CLAIM FOR REIMBURSEMENT**

1. ITINERARY	DATE	TIME	LOCATION	AUTO/TRAILER DATA
Departed Home/Office				Miles:
Arrived Launch Site				Cost:
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles:
Returned Home/Office				Cost:

2. LIST NAMES & MEMBER #'S (As appropriate) OF ALL PERSONNEL ON BOARD (Excluding operator)

A.)	E.)
B.)	F.)
C.)	G.)
D.)	H.)

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND? (Gov't Provided)	TOTAL CREW/TRAINEE'S/AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL
		OPR	A.)	B.)	C.)	D.)	E.)	F.)	G.)	H.)			
Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Fuel, Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Aircraft Flight Hours:		Type of Aircraft:											
Trailer Costs, Ramp Fees, Lock Fees													
Other (Official telephone costs, etc.)													

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:

DATE:

MAIL CHECK TO (Name & Address):

SIGNATURE OF CLAIMANT:

EIN:

MEMBER # :

**SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY**

1. THIS CLAIM HAS BEEN:

- ☐ FORWARDED & APPROVED FOR PAYMENT  
☐ RETURNED & DISAPPROVED FOR PAYMENT

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**PART 2 - FINCEN COPY**

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**COAST GUARD AUXILIARY PATROL ORDER**

(Instructions & Privacy Act Statement on Page 5)

TYPE	FY	DOCUMENT NUMBER
27		

**SECTION I - AUTHORIZATION**

FROM (Order Issuing Authority):

TO (Name & Address of Operator):

MEMBER #:

# OF CREW REQUIRED  
(Including operator):

FACILITY #:

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

2. ACCOUNTING DATA	AUTHORIZED?	EST. COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
Fuel Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Aircraft Maintenance Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Subsistence Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Auto/Trailing Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**SECTION II - CLAIM FOR REIMBURSEMENT**

1. ITINERARY	DATE	TIME	LOCATION	AUTO/TRAILER DATA
Departed Home/Office				Miles:
Arrived Launch Site				Cost:
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles:
Returned Home/Office				Cost:

2. LIST NAMES & MEMBER #'S (As appropriate) OF ALL PERSONNEL ON BOARD (Excluding operator)

A.)	E.)
B.)	F.)
C.)	G.)
D.)	H.)

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND? (Gov't Provided)	TOTAL CREW/TRAINEE'S/AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL
		OPR	A.)	B.)	C.)	D.)	E.)	F.)	G.)	H.)			
Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Fuel, Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Aircraft Flight Hours:		Type of Aircraft:											
Trailer Costs, Ramp Fees, Lock Fees													
Other (Official telephone costs, etc.)													

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:

DATE:

MAIL CHECK TO (Name & Address):

SIGNATURE OF CLAIMANT:

EIN:

MEMBER # :

**SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY**

1. THIS CLAIM HAS BEEN:

- ☐ FORWARDED & APPROVED FOR PAYMENT  
☐ RETURNED & DISAPPROVED FOR PAYMENT

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**PART 3 - MEMBER COPY**

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**COAST GUARD AUXILIARY PATROL ORDER**

(Instructions & Privacy Act Statement on Page 5)

TYPE	FY	DOCUMENT NUMBER
27		

**SECTION I - AUTHORIZATION**

FROM (Order Issuing Authority):

TO (Name & Address of Operator):

MEMBER #:

# OF CREW REQUIRED  
(Including operator):

FACILITY #:

**1. PERFORM THE FOLLOWING AUTHORIZED ( ☐ REIMBURSABLE ☐ NON-REIMBURSABLE ) DUTY PER CURRENT POLICY:**

2. ACCOUNTING DATA	AUTHORIZED?	EST. COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
Fuel Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Aircraft Maintenance Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Subsistence Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Auto/Trailing Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No								

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**SECTION II - CLAIM FOR REIMBURSEMENT**

1. ITINERARY	DATE	TIME	LOCATION	AUTO/TRAILER DATA
Departed Home/Office				Miles:
Arrived Launch Site				Cost:
Facility in Use				
Facility Use Ended				
Departed Launch Site				Miles:
Returned Home/Office				Cost:

**2. LIST NAMES & MEMBER #'S (As appropriate) OF ALL PERSONNEL ON BOARD (Excluding operator)**

A.)	E.)
B.)	F.)
C.)	G.)
D.)	H.)

3. REIMBURSABLE EXPENSES	RECEIVED IN KIND? (Gov't Provided)	TOTAL CREW/TRAINEE'S/AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL
		OPR	A.)	B.)	C.)	D.)	E.)	F.)	G.)	H.)			
Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Fuel, Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Aircraft Flight Hours:		Type of Aircraft:											
Trailer Costs, Ramp Fees, Lock Fees													
Other (Official telephone costs, etc.)													

**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:

DATE:

MAIL CHECK TO (Name & Address):

SIGNATURE OF CLAIMANT:

EIN:

MEMBER # :

**SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY**

**1. THIS CLAIM HAS BEEN:**

- ☐ **FORWARDED & APPROVED FOR PAYMENT**  
☐ **RETURNED & DISAPPROVED FOR PAYMENT**

SIGNATURE OF ORDER ISSUING AUTHORITY:

DATE:

**PART 4 - DIRAUX COPY**



## INSTRUCTIONS

### A. THE ORDER ISSUING AUTHORITY SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS:

**ORDER NUMBER:** Enter complete DAFIS document number beginning with document type 27.

### SECTION I - AUTHORIZATION

**FROM:** Enter title of Order Issuing Authority.

**TO:** Enter selected operator's name and address.

**MEMBER #:** Enter the operator's member number.

**FACILITY #:** Enter the district assigned identification number.

**# OF CREW REQUIRED:** Enter the total number of crew **REQUIRED** by the district for patrol/mission, including operator.

**1. PERFORM AUTHORIZED DUTY:** Check reimbursable or non-reimbursable. Enter description of duty (*including dates, places, reporting requirements, etc.*) and indicate how trailering costs are reimbursed (*either mileage or receipts*). Add sufficient Continuation Sheets using CG-5132-1, with appropriate sections completed, to cover multi-patrol orders.

**2. ACCOUNTING DATA:** Indicate whether Fuel, Aircraft maintenance, Subsistence, or Auto/Trailering costs are authorized. Enter estimated costs and complete the accounting line for each. If only Aircraft Fuel cost is authorized, fuel receipts are required for reimbursement. If both Aircraft Fuel and Maintenance costs are authorized, reimbursement is based on the Flat Rate Reimbursement Schedule below, and fuel receipts are not required. For Boat Fuel, use obj. code 2637. For Aircraft Fuel, use obj. code 2632. For Aircraft Maintenance, use obj. code 2532.

**SIGNATURE OF ORDER ISSUING AUTHORITY:** Enter name of person authorized to sign as Order Issuing Authority and obtain signature.

**DATE:** Enter the date orders were issued (*must be on or before date of actual patrol*).

### SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY

**1. THIS CLAIM HAS BEEN:** Once this form is returned for reimbursement, check either "Approved for Payment" or "Disapproved for Payment." If approved, send original to FINCEN; if disapproved, return to member.

**SIGNATURE OF ORDER ISSUING AUTHORITY:** Enter name of person authorized to sign as Order Issuing Authority and obtain signature.

**DATE:** Enter date endorsement was signed.

### B. THE OPERATOR SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS:

### SECTION III - CLAIM FOR REIMBURSEMENT

**1. ITINERARY:** Enter title of Order Issuing Authority.

**2. LIST NAMES & MEMBER # OF ALL PERSONNEL ON BOARD:** Enter the name and member number (*as appropriate*) for **REQUIRED** crew plus all trainees and passengers authorized to be on board. **DO NOT** list the operator.

**3. REIMBURSEABLE EXPENSES:** FINCEN will compute meal reimbursements based on current BAS rates. Check boxes of the items received in kind (those furnished by the Coast Guard or sometimes from a Coast Guard authorized vendor). If item, other than meals, was not received in kind, check box "No" and enter the dollar amount. However, do not enter anything in Total Crew/ Trainees/Passengers Breakfast, Lunch, or Dinner fields, except checking the box to indicate that it was received. "Reimbursable" orders must be returned even if no reimbursement is desired or the patrol was not accomplished. If no reimbursement is desired, or necessary because patrol was not accomplished, mark the orders as such and return to order issuing authority.

**SIGNATURE OF OPERATOR:** Operator must sign certification. This certification is required by law. Forward the signed and appropriately completed form as directed.

**DATE:** Enter date that operator signed the claim certification.

**MAIL CHECK TO:** Enter name and address of the claimant (*person to receive the reimbursement for the patrol*).

**SIGNATURE OF CLAIMANT:** Claimant, the person who is to receive the reimbursement for the patrol, must sign here.

**EIN:** Enter the claimant's Employee Identification Number (*E I N*).

**MEMBER #:** Enter the claimant's member number.

### AUXILIARY AIRCRAFT FLAT RATE REIMBURSEMENT SCHEDULE

	<b>Type 1</b> 80-139 Horsepower Aircraft	<b>Type 2</b> 140-199 Horsepower Aircraft	<b>Type 3</b> 200-235 Horsepower Aircraft	<b>Type 4</b> 236-300 Horsepower Aircraft	<b>Type 5</b> 301-400 Horsepower Aircraft	<b>Type 6</b> All Multi-Engine Aircrafts
Fuel/hour	\$10.00	\$16.00	\$24.00	\$28.00	\$37.00	\$40.00
Maintenance/hour	\$21.00	\$41.00	\$43.00	\$44.00	\$47.00	\$63.00
<b>Total</b>	<b>\$31.00/hr</b>	<b>\$57.00/hr</b>	<b>\$67.00/hr</b>	<b>\$72.00/hr</b>	<b>\$84.00/hr</b>	<b>\$103.00/hr</b>

### PRIVACY ACT STATEMENT

**1. AUTHORITY:** 14 USC 821 and 632.

**2. PRINCIPAL PURPOSE:** Used to maintain accurate records of (a) patrols conducted by auxiliaries, and (b) claims brought against the Coast Guard by auxiliaries following an authorized patrol.

**2. ROUTINE USES:** (a) To issue patrol orders, and (b) to substantiate claims for reimbursement.

**4. DISCLOSURE:** Disclosure is voluntary. However, failure to provide the requested information may result in total or partial denial of amount claimed and will prevent the issuance of patrol orders.

