COAST GUARD AUXILIARY PATROL ORDER

TYPE	FY	DOCUMENT NUMBER
27		

(Instructions & Privacy Act Statement on Page 5)																				
							SECT	ION I	- AUTI	HORI	ZATI	ON		•	•		•			
FROM (Order Issuing Auth	ori	ty):																		
TO (Name & Address of O	per	rator):									ME	EMBER #:				#	OF CR	EW REQUIRED		
															(Including operator):			operator):		
											FA	CILITY #:								
4 DEDECOM THE FOLLO	\\A/	INIC AL	ITUC	יבוח	·D /	/	IMPUD	CADLE		ON D	FINADI	DCABLE	\ DUTY F	ED CHE		UT DO	LIOV.			
1. PERFORM THE FOLLO	۷۷۷	ING AU	JIHC	JKIZI	ט ((K	EIMBUR	SABLE	N	ON-R	EIMBU	RSABLE) DUTY P	ER CUF	KKEN	NI PO	LICY:			
2. ACCOUNTING DATA		AUTH	ORIZ	ZED?		EST.	COST	DIST	APF	PN	LIM	ALLOT	PRO EL	EMENT	СС	OST C	ENTER	OBJ. CODE		
Fuel Cost	Ī	Yes	; [N	0															
Aircraft Maintenance Cost		Yes	; [N	0															
Subsistence Cost		Yes	; [N	0															
Auto/Trailering Cost		Yes		N																
SIGNATURE OF ORDER	ISS	SUING	AUTI	HORI	TY:				DATI	E:										
						SECT		CI AII	M FOR	DEI	MRIII	RSEME	NT							
1. ITINERARY	_		ATE			TIME	- II -	OLAII			OCATI		-		_	٨١١٦	TO/TDA	LER DATA		
Departed Home/Office			AIL		+	IIIVIE				L	JUATI	ON			Mi	iles:	IO/IKA	LER DATA		
Arrived Launch Site	\vdash				+										+					
Facility in Use		Cost:							JSI.											
Facility Use Ended	\vdash																			
Departed Launch Site Miles:																				
Returned Home/Office	\vdash				+										+	ost:				
2. LIST NAMES & MEMBE	ER.	#'S (A	s anı	nroni	iate) OF AI	I PERS	ONNFI	ON BO	ARD (Fxclud	dina opera	ator)		1 00					
A.)		<i></i> • (7.1.		о. ор.	,	, 0. ,			E			9 0 000								
B.)									F											
C.)									G											
D.)									Н											
3. REIMBURSABLE	R	ECEIVE	ED IN	IKINE	?		TOTAL (CREW/T			THORI	ZED PAS	SENGERS			TOTA				
EXPENSES		(Gov't	Prov	ided)	r	OPR	A.)	B.)	C.)	D.)	E	E.) F.) G.) H.)					AL	GRAND TOTAL		
Breakfast		Yes	; [N	0															
Lunch		Yes	; [_ N	0															
Dinner		Yes	; [N	0															
Fuel, Oil	L	Yes	; [N	0															
Ice		Yes	}	_ N	-															
Aircraft Flight Hours:						Type of	Aircraft:													
Trailer Costs, Ramp Fees,			S																	
Other (Official telephone co	ost	s, etc.)					1				_									
I HEREBY CERTIFY THA' My crew and I made these Facility listed above, in can this ORDER. No previous been received.	T thex ryir pa	ne abov penditu ng out t yment t	ve cla ures i the du for th	aim is in the uties is pa	acc use spec rol h	urate. of the cified in nas		ATURE	OF OPE	ERATC)R:						DAT	DATE:		
MAIL CHECK TO (Name & Address):							SIGN	ATURE	OF CLA	IMAN	Γ:						EIN:			
															MEMBER # :					
			SE	СТІС	N I	III - EN	IDORS	EMEN	IT BY	ORD	ER IS	SUING	AUTHO	RITY						
1. THIS CLAIM HAS BEEN:							SIGN	ATURE	OF ORE	DER IS	SUINC	3 AUTHOI	RITY:				DAT	E:		
FORWARDED & APPROVED FOR PAYMENT						ΝT														
☐ FORWARDED & APPROVED FOR PAYMENT ☐ RETURNED & DISAPPROVED FOR PAYMENT																				

PART 1 - ORIGINAL COPY

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COAST GUARD AUXILIARY PATROL ORDER

TYPE	FY	DOCUMENT NUMBER
27		

(Instructions & Privacy Act Statement on Page 5)																			
							SECT	ION I	- AUTI	HORI	ZATI	ON		•					
FROM (Order Issuing Auth	orit	ty):																	
TO (Name & Address of O	pera	ator) :								MI	EMBER #:				# OF C	RE	N REQUIRED	
																(Including operator):			
											FA	CILITY #:							
4 DEDECORM THE FOLLO	\\A/I	INIC	ALITU	10	DIZED	. / D B	CIMPLID	CABLE		ON B	EIMBI	DCADLE	\ DUTY D	ED CUE	DENT	POLICY			
1. PERFORM THE FOLLO	RIZED	(🗆 🗷	EIMBUR	SABLE	N	ION-R	EIMBU	KSABLE) DUTY P	ER CUR	KKENI	POLICY	:						
2. ACCOUNTING DATA		AU ⁻	THOR	ΙΖΙ	ED?	EST.	COST	DIST	APF	PN	LIM	ALLOT	PRO ELI	EMENT	cos	T CENTE	R	OBJ. CODE	
Fuel Cost	E	Y	⁄es		No														
Aircraft Maintenance Cost		_ Y	⁄es		No														
Subsistence Cost		_ Y	⁄es		No														
Auto/Trailering Cost		_ Y	⁄es		No														
SIGNATURE OF ORDER	ISS	UIN	IG AU	TH	IORITY	/ :			DATI	E:			•						
						SECT	ION II -	CLAII	M FOR	REI	MBU	RSEMEI	NT						
1. ITINERARY			DAT	E		TIME	:			L	OCATI	ON				AUTO/TE	RAIL	ER DATA	
Departed Home/Office															Miles	S:			
Arrived Launch Site															Cost	Cost:			
Facility in Use																			
Facility Use Ended																			
Departed Launch Site Miles:								3:											
Returned Home/Office															Cost	:			
2. LIST NAMES & MEMBE	ER i	#'S	(As ap	op	ropria	te) OF A	LL PERS	ONNEL	ON BO	ARD (Exclud	ding opera	tor)						
A.)									E	.)									
B.)									F	.)									
C.)									G	i.)									
D.)									Н	l.)									
3. REIMBURSABLE	RE	ECE	IVED I	IN	KIND?		TOTAL (CREW/T	RAINEE	S/AU	THORI	ZED PAS	SENGERS			OTAL	TAL GRAND TOTA		
EXPENSES		(Go	ov't Pro	vic	(bet	OPR	A.)	B.)	C.)	D.)	E	.) F.)	G.)	H.)] ''	OTAL	'	SKAND TOTAL	
Breakfast		_ Y	⁄es		No														
Lunch		_ Y	⁄es		No														
Dinner		_ Y	⁄es		No														
Fuel, Oil	ĮĒ	_ Y	⁄es		No												\perp		
Ice		_ Y	⁄es		No												\perp		
Aircraft Flight Hours:						Type o	of Aircraft	:											
Trailer Costs, Ramp Fees,	Loc	ck F	ees																
Other (Official telephone co	osts	s, et	c.)																
I HEREBY CERTIFY THA My crew and I made these Facility listed above, in car this ORDER. No previous been received.	T th expryin pay	ne al pend ng oi yme	bove c ditures ut the c nt for t	lai s in du this	m is ac the us ties sp s patro	ccurate. se of the ecified in I has		ATURE	OF OPE	ERATO	DR:					D	DATE:		
MAIL CHECK TO (Name & Address):							SIGN	ATURE	OF CLA	IMAN [*]	T:					E	IN:		
,														M	MEMBER # :				
			SE	ΞC	MOITS	I III - E	NDORS	EMEN	T BY	ORD	ER IS	SUING	AUTHOI	RITY					
1. THIS CLAIM HAS BEEN: SIGNATURE															П	ATE	:		
		OVF	D FO	R I	PAYM	ENT	3.51		O.L									· ·	
☐ FORWARDED & APPROVED FOR PAYMENT☐ RETURNED & DISAPPROVED FOR PAYMENT																			

PART 2 - FINCEN COPY

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COAST GUARD AUXILIARY PATROL ORDER

TYPE	FY	DOCUMENT NUMBER
27		

(Instructions & Privacy Act Statement on Page 5)																		
						SECT	ION I	- AUTI	HORI	ZATI	NC		•					
FROM (Order Issuing Auth	orit	ty):																
TO (Name & Address of O	per	ator):								ME	MBER #:				# OF	CRE	W REQUIRED	
															(Including operator):			
										FA	CILITY #:							
1. PERFORM THE FOLLO	\\A/I	ING AI	штыл	DIZED	/ 🗆 B	EIMBUR	CADIE	N	ON DE	IMBII	DEADLE	\ DUITY B	ED CIIE	DENT	RENT POLICY:			
I. PERFORM THE FOLLO	, , ,	NG A	UTHO	RIZED	(🗆 🔨	LIMBOK	SABLE	IN	ON-KI		NOABLE) 0011 F	EK CUP	XIXEIN I	FOLIC	, 1 .		
2. ACCOUNTING DATA		AUTH	IORIZI	ED?	EST.	COST	DIST	APF	PN	LIM	ALLOT	PRO ELI	EMENT	cos	T CEN	TER	OBJ. CODE	
Fuel Cost		Yes	s [No														
Aircraft Maintenance Cost	L	Yes	s _	No														
Subsistence Cost	<u> </u> [Yes	s _	No														
Auto/Trailering Cost		Yes		No														
SIGNATURE OF ORDER	ISS	UING	AUTH	IORITY	' :			DATE	E:									
					SECT	ION II -	CLAI	⊥ M FOR	REII	MBU	RSEMEI	NT						
1. ITINERARY			DATE		TIME				L	CATIO	NC				AUTO/	TRAII	ER DATA	
Departed Home/Office														Mile	s:			
Arrived Launch Site														Cost	Cost:			
Facility in Use																		
Facility Use Ended																		
Departed Launch Site											Mile	s:						
Returned Home/Office														Cost	t:			
2. LIST NAMES & MEMBE	ER:	#'S (A	s app	ropria	te) OF AI	L PERS	ONNEL	ON BO	ARD (Exclud	ling opera	itor)						
A.)								E	.)									
B.)								F.	.)									
C.)								G	i.)									
D.)								Н	.)									
3. REIMBURSABLE	RE	ECEIVI	ED IN	KIND?		TOTAL CREW/TRAINEES/AUTHORIZED PASSENGERS						TOTAL GRAND			GRAND TOTAL			
EXPENSES		(Gov't	t Provid	(bet	OPR	A.)	B.)	C.)	D.)	E	.) F.)	G.)	H.)] '	OTAL	'	SKAND TOTAL	
Breakfast		Yes	s 🗌	No														
Lunch		Yes	s _	No														
Dinner	ļΕ	Yes	s [No														
Fuel, Oil	ļΕ	Yes	s 🗌	No														
Ice		Yes	s	No														
Aircraft Flight Hours:					Type o	f Aircraft:												
Trailer Costs, Ramp Fees,																		
Other (Official telephone co	osts	s, etc.)	1															
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.							ATURE	OF OPE	ERATO	R:						DATE	E:	
MAIL CHECK TO (Name & Address):							SIGNATURE OF CLAIMANT:									EIN:		
															MEMBER # :			
			SEC	OIT	I III - EI	NDORS	EMEN	T BY	ORDI	ER IS	SUING	AUTHO	RITY					
1. THIS CLAIM HAS BEEI	N:					SIGN	ATURE	OF ORD	DER IS	SUING	AUTHOF	RITY:				DATE	<u>:</u>	
☐ FORWARDED & APP	PRO	OVED	FOR I	PAYMI	ENT													
RETURNED & DISAPPROVED FOR PAYMENT																		

PART 3 - MEMBER COPY

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COAST GUARD AUXILIARY PATROL ORDER

TYPE	FY	DOCUMENT NUMBER
27		

(Instructions & Privacy Act Statement on Page 5)																			
							SECT	ION I	- AUTI	HORI	ZATI	ON		•					
FROM (Order Issuing Auth	orit	ty):																	
TO (Name & Address of O	pera	ator) :								MI	EMBER #:				# OF C	RE	N REQUIRED	
																(Including operator):			
											FA	CILITY #:							
4 DEDECORM THE FOLLO	\\A/I	INIC	ALITU	10	DIZED	. / D B	CIMPLID	CABLE		ON B	EIMBI	DCADLE	\ DUTY D	ED CUE	DENT	POLICY			
1. PERFORM THE FOLLO	RIZED	(🗆 🗷	EIMBUR	SABLE	N	ION-R	EIMBU	KSABLE) DUTY P	ER CUR	KKENI	POLICY	:						
2. ACCOUNTING DATA		AU ⁻	THOR	ΙΖΙ	ED?	EST.	COST	DIST	APF	PN	LIM	ALLOT	PRO ELI	EMENT	cos	T CENTE	R	OBJ. CODE	
Fuel Cost	E	Y	⁄es		No														
Aircraft Maintenance Cost		_ Y	⁄es		No														
Subsistence Cost		_ Y	⁄es		No														
Auto/Trailering Cost		_ Y	⁄es		No														
SIGNATURE OF ORDER	ISS	UIN	IG AU	TH	IORITY	/ :			DATI	E:			•						
						SECT	ION II -	CLAII	M FOR	REI	MBU	RSEMEI	NT						
1. ITINERARY			DAT	E		TIME	:			L	OCATI	ON				AUTO/TE	RAIL	ER DATA	
Departed Home/Office															Miles	S:			
Arrived Launch Site															Cost	Cost:			
Facility in Use																			
Facility Use Ended																			
Departed Launch Site Miles:								3:											
Returned Home/Office															Cost	:			
2. LIST NAMES & MEMBE	ER i	#'S	(As ap	op	ropria	te) OF A	LL PERS	ONNEL	ON BO	ARD (Exclud	ding opera	tor)						
A.)									E	.)									
B.)									F	.)									
C.)									G	i.)									
D.)									Н	l.)									
3. REIMBURSABLE	RE	ECE	IVED I	IN	KIND?		TOTAL (CREW/T	RAINEE	S/AU	THORI	ZED PAS	SENGERS			OTAL	TAL GRAND TOTA		
EXPENSES		(Go	ov't Pro	vic	(bet	OPR	A.)	B.)	C.)	D.)	E	.) F.)	G.)	H.)] ''	OTAL	'	SKAND TOTAL	
Breakfast		_ Y	⁄es		No														
Lunch		_ Y	⁄es		No														
Dinner		_ Y	⁄es		No														
Fuel, Oil	ĮĒ	_ Y	⁄es		No												\perp		
Ice		_ Y	⁄es		No												\perp		
Aircraft Flight Hours:						Type o	of Aircraft	:											
Trailer Costs, Ramp Fees,	Loc	ck F	ees																
Other (Official telephone co	osts	s, et	c.)																
I HEREBY CERTIFY THA My crew and I made these Facility listed above, in car this ORDER. No previous been received.	T th expryin pay	ne al pend ng oi yme	bove c ditures ut the c nt for t	lai s in du this	m is ac the us ties sp s patro	ccurate. se of the ecified in I has		ATURE	OF OPE	ERATO	DR:					D	DATE:		
MAIL CHECK TO (Name & Address):							SIGN	ATURE	OF CLA	IMAN [*]	T:					E	IN:		
,														M	MEMBER # :				
			SE	ΞC	MOITS	I III - E	NDORS	EMEN	T BY	ORD	ER IS	SUING	AUTHOI	RITY					
1. THIS CLAIM HAS BEEN: SIGNATURE															П	ATE	:		
		OVF	D FO	R I	PAYM	ENT	3.51		O.L									· ·	
☐ FORWARDED & APPROVED FOR PAYMENT☐ RETURNED & DISAPPROVED FOR PAYMENT																			

PART 4 - DIRAUX COPY

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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.

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

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

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

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.

ALIYII IADV AIDCDAET EI AT DATE DEIMBLIDSEMENT SCHEDLILE

	AUXILIAN	I AINCNAFI FLA	I KATE KEIMBUK	SEMIEM I SCHEDU	LE	
	Type 1 80-139 Horsepower Aircraft	Type 2 140-199 Horsepower Aircraft	Type 3 200-235 Horsepower Aircraft	<u>Type 4</u> 236-300 Horsepower Aircraft	Type 5 301-400 Horsepower Aircraft	Type 6 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
Total	\$31.00/hr	\$57.00/hr	\$67.00/hr	\$72.00/hr	\$84.00/hr	\$103.00/hr

PRIVACY ACT STATEMENT

- 1. AUTHORITY: 14 USC 821 and 632.
- 2. PRINCIPAL PURPOSE: Used to maintain accurate records of (a) patrols conducted by auxiliarists, and (b) claims brought against the Coast Guard by auxiliarists 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.

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