

**Seventh District Coast Guard Auxiliary  
Form FN-1: Reimbursement for Mission and Activity Expenses**

**PRIOR AUTHORIZATION REQUIRED FOR REIMBURSEMENT**

Date:

Name:	
Address:	
City/State/Zip:	
Home Phone:	
e-mail address:	

Reason for Reimbursement:

TYPE OF EXPENSE	DDMMM	AMOUNT	DSO-FN
			ACCT. #

DDMMM	ITINERARY	POC MILES

**NOTES:**

**Required Receipts:**

Lodging and pre-approved expenses greater than \$75.00.

**Reimbursements Greater Than \$75.00:**

Send FN-1 and receipts, by email or mail, to DSO-FN within 30 days. Send copy of FN-1 to DCO.

**Reimbursements for \$75.00 and Under:**

Send FN-1 by email or mail to DSO-FN.

**Per Diem:**

\$40.00 per full day; \$20.00 each travel day.

**Mileage:**

Current Auxiliary rate.

**Do Not Total:**

The DSO-FN calculates per diem and mileage allowance.

**Email and Mailing Addresses:**

Jim Mayer, DSO-FN 7  
4461 Riverwatch Drive, Unit 202  
Bonita Springs, FL 34134  
[jmayer@embarqmail.com](mailto:jmayer@embarqmail.com)

COMO John Tyson  
[jtyson0906@aol.com](mailto:jtyson0906@aol.com)