

**U.S COAST GUARD AUXILIARY  
DISTRICT 13**

**EFFECTIVE: 30 September 2022**

**DISTRICT COMMODORE INSTRUCTION I-22003**

**SUBJECT: AUXILIARY TRAVEL AND EXPENSE REIMBURSEMENT POLICY**

1. **PURPOSE.** This Instruction sets forth 13th C.G. District Auxiliary policy and procedure for authorizing Auxiliarist travel on District Auxiliary orders and reimbursing Auxiliarists for expenses incurred in connection with such travel.
2. **DIRECTIVES AFFECTED.** Supersedes DCOINST I-18003
3. **DISCUSSION.** The District provides in its annual budget, funds to cover travel expenses of certain Auxiliarists including elected and appointed Auxiliary Officers who have been authorized to travel on District Auxiliary business by task-specific District Auxiliary Orders. The purpose of such ordered travel and related reimbursement is to accomplish the District's business and to minimize the expense to individual Auxiliarists who undertake such ordered travel. The reimbursement by the District for ordered travel is not intended to cover all of the expenses of the traveler. The reimbursement is to provide a reasonable amount to defray travel expenses so as not to unduly burden an Auxiliarist in the performance of his/her duties or limit participation of individual Auxiliarists in elected or appointed officer positions because of personal expense exposure.
4. **ACTION.**
  - a. **Authorized Travelers:**  
District Commodore (DCO), District Chief of Staff (DCOS), District Captains (DCAPT), Immediate Past District Commodore (IPDCO), District Directorate Chiefs (DDCs), District Staff Officers and Assistant District Staff Officers (DSOs & ADSOs), District Program Managers/Project Officers, and other Auxiliarists may be authorized to travel on District Auxiliary orders from time to time by the DCO or the DCOS.
  - b. **Officers Authorized to Issue Travel Orders:**
    - 1) DCO and DCOS: All travel orders under any District Travel Account.
    - 2) DCAPT and DDC under their own accounts
  - c. **Officers Authorized to Approve Travel and Expense Reimbursement Claims for payment:** DCO or DCOS: Any claims against any District Travel account. All travel expense reimbursement claims must be approved for payment by the DCO, DCOS, DCAPT, or DDC authorizing the travel. **NOTE: TRAVELERS WILL**

SUBMIT THEIR TRAVEL EXPENSE CLAIMS FOR APPROVAL TO THE OFFICER WHO AUTHORIZED THE TRAVEL.

- d. Travel orders for visits outside of the traveler's home Division or Flotilla but within 50 miles of the travelers' residence will not be reimbursed for local mileage unless, in the opinion of the issuing officer, the ordered duty would require the traveler to be traveling to his/her residence after 2300 hours, in which case overnight lodging and per diem for M&IE may be authorized and will be so stated on the orders.
- e. Travel Orders will be issued on 13CGDAUX FORM 100 (8/15/18).
- f. Basis of Travel Expense Reimbursement:
  - 1) Travel via Private Auto shall be reimbursed for actual expense. Fuel receipts are required for actual costs expended. Begin mission with a full tank and refill upon completion. The receipt from the refill is the actual amount expended on Auxiliary business.
  - 2) Travel via Commercial Air-Coach Air Fare actually incurred for direct flight plus actual cost of reasonable transfer to/from airport, necessary airport parking, baggage handling, etc. The most advantageous fares should be obtained when possible. Receipts are required for parking, air fare, taxi fare and any other item over \$25.00.
  - 3) Meal and Incidental Expense (M&IE) when authorized--per diem based on a daily rate of \$60.00 per day. Full days of Auxiliary business will be reimbursed at the rate of \$60.00. Travel days will be at a rate of 75% of \$60.00. No receipts are required.
  - 4) Lodging-Actual expense incurred up to a maximum of General Services Administration allowed amount per day for the location of the lodging. Current rates can be located at:  
<https://www.gsa.gov/portal/content/104877>.
  - 5) Other-State nature of item, reason for expense and amount. Receipts are required for over \$25.00.
  - 6) Travel Insurance Expense-Not Allowed.
  - 7) Travelers are expected to take the most direct routes proceeding directly to and from home base and the travel destination. Personal business, vacation, etc., expenses taken during a period when on District Auxiliary Orders are to be excluded from travel expense reimbursement claims, regardless of the period of personal business shown.
  - 8) Travelers are to submit travel expense reimbursement claims for payment within 15 days of completion of the authorized travel.
  - 9) Return unused orders to the issuing/authorizing officer as soon as travel is cancelled.
  - 10) Instead of the above formula, the District Commodore may specify a flat amount to complete a specific mission.

g. Travel Order Accountability. Each travel order issued shall have a "TONO" Number designated as follows: "(TVL Acct. Name)-(YR)-(TONO #)" Examples: "DCAPT-18-001", "DDC-18-001", "DSO-PE-18-001", etc.

5. REPORTS. None

6. AUTHORIZED BY: District EXCOM

APPROVED BY:

*Tiney D. Singler*

Tiney D. Singler

District Commodore

Distribution: District 13 Board  
District 13 Staff  
Flotilla Commanders

**U.S. Department of Homeland Security  
U.S. Coast Guard Auxiliary District 13 Travel Order/Expense Form**

Last Name		First Name	Initial	Member Number	TONO
Address		City	State	Zip + 4	Telephone
Departure Date	Return Date	Place of Visit			Estimated Cost
Purpose of Travel					

**Section II - Authorization**

<b>Authorized Expenditures</b> <input type="checkbox"/> Registration Fees <input type="checkbox"/> Meals (per diem) <input type="checkbox"/> Lodging ___ Days <input type="checkbox"/> Ferrys, Tolls, etc. <input type="checkbox"/> Telephone		<b>Mode of Travel</b> <input type="checkbox"/> Commercial Carrier (Air) <input type="checkbox"/> (Land) <input type="checkbox"/> <input type="checkbox"/> Your Vehicle <input type="checkbox"/> Rental Car <input type="checkbox"/> Local Travel <input type="checkbox"/> Fuel Expense <input type="checkbox"/> Other _____	
Authorized By: Print Name	Office	Date	Signature

**Section III - Itinerary**

Date 20 __	Local Time (24 Hour)	Mode of Travel	Reason for Stop	Vehicle Miles	Place (Home, Office and State)
	Depart				
	Arrive				
	Depart				
	Arrive				
	Depart				
	Arrive				
	Depart				
	Arrive				

**Section IV - Reimbursable Expenses (Receipts over \$25)**

Date	Nature & Explanation	Amount Claimed	Amount Authorized
Per Diem _____ Days @ _____ Per Day			
Owner/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> _____ Miles @ _____			
The claimant certifies that the statements made on this form are true and complete. The District 13 Auxiliary will pay only for authorized expenses.		<b>TOTALS</b>	
Signature of Claimant:		Date:	
Expenditure Authorized By:		Date:	
Accounting Classification: Check No. _____ Total Amount Paid _____		Date Paid:	