

**U.S. Coast Guard Auxiliary Division 1NR Flotilla 10-1**

**Expense Report**

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

Flotilla Member: \_\_\_\_\_ Emp ID: \_\_\_\_\_

(name)

Mailing Address: \_\_\_\_\_

**Directions:** Complete the following form with the purchase date, store name, items purchased and cost of items. Check the box next to "Receipt" if receipt is attached to this report. If the receipt is lost, complete a missing receipt form and attach to this report.

**Reminder:** Since we are tax exempt, contact FSO-FN for tax exempt ID # before purchases are made.

**Purchases:**

1). Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \_\_\_\_\_ / Receipt   
(Store name) item(s)

2). Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \_\_\_\_\_ / Receipt   
(Store name) item(s)

3). Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \_\_\_\_\_ / Receipt   
(Store name) item(s)

4). Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \_\_\_\_\_ / Receipt   
(Store name) item(s)

5). Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \_\_\_\_\_ / Receipt   
(Store name) item(s)

6). Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \_\_\_\_\_ / Receipt   
(Store name) item(s)

7). Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \_\_\_\_\_ / Receipt   
(Store name) item(s)

Total Cost: \$ \_\_\_\_\_

I declare that the above items were purchased for Flotilla 10-01.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Flotilla Member

\*attach additional sheets if necessary

\*\*if receipt is missing, complete a missing receipt form and attach to this report

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FSO-FN Use Only

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_