

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 # _____