

**DOCUMENT NAME: Auxiliary Patrol Orders****DOCUMENT TYPE: 27**

1. **Description:** Auxiliary Patrol Orders are used to order Coast Guard auxiliary personnel to perform patrols. The orders must be issued by authorized ordering authority. Units that have POMS (Patrol Order Management System) capability will use the WEB-Accessible Patrol Order and Claim Processing Application that automates and streamlines the entire auxiliary patrol order process. This will enable electronic data feeds of travel documents directly to the FINCEN payment system. Users will access the Statronics system through the Windows Terminal Server built into the Windows NT 4.0 Operation as enabled by the Citrix Metaframe. NO OTHER FORM IS TO BE SENT TO FINCEN IF SENT THROUGH POMS.
2. **Primary Forms:** CG-5132, Coast Guard Auxiliary Patrol Order.
3. **Related Forms:** None.
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 2708908FAB001

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site</u>	<u>FY Contract Originated</u>	<u>Region</u>	<u>Program Elements</u>	<u>Document Sequence</u>	<u>Suffix</u>
27	08	90	8	F	AB	001	

5. **Accounting Line:** If multiple accounting lines are used, a different suffix is required for each accounting line starting with 000.

**SAMPLE ACCOUNTING LINES FOR BOAT:**

2/F/401/136/30/0/AB/73500/2637/000	Boat Fuel
2/P/401/299/12/0/12/73500/2533/001	Meals
2/F/401/136/30/0/AB/73500/2634/002	Trailerling
2/3/801/132/30/0/PB/73500/257P/003	Surface SAMA

**SAMPLE ACCOUNTING LINES FOR AIRCRAFT:**

2/F/801/136/30/0/AB/73500/2632/000	Aircraft Fuel
2/P/801/299/12/0/12/73500/2534/001	Meals
2/F/801/136/30/0/AB/73500/257P/002	Air SAMA

Note: The cost center will always be same for all lines.

6. **FINCEN Critical Processing Requirements:** Original Manual CG-5132 with applicable receipts, must be properly forwarded to FINCEN for payment processing. Units must ensure that the following sections are completed:
  - a. Section I (Authorization).
    - (1) Standard document number.

6. a. (2) Name and mailing address of auxiliarist.
  - (3) Social Security Number of auxiliarist.
  - (4) Name and ID number of the facility to be used.
  - (5) Number of crew required.
  - (6) Accounting data for authorization items.
  - (7) Signature of issuing authority and date.
6. b. Section II (Claim for Reimbursement).
  - (1) Itinerary.
  - (2) Date, time, and location.
  - (3) Name and numbers of crew members.
  - (4) Reimbursable expenses (attach copy of receipt when required). Enter the aircraft type and aircraft flight hours flown on the last line of the REIMBURSABLE EXPENSES block.
  - (5) Signature and date.
  - (6) Mail check to (EFT/ACH Member Payment Enrollment form on the USCG Finance Center Intranet should be kept current)
- c. Section III (Endorsement by Order Issuing Authority).
  - (1) Approved/disapproved for payment.
  - (2) Signature and date.

**7. Other Information:**

- a. Receipts are required for fuel over \$75, and for trailering costs (Ramp fees, Lock fees or trailer costs not mileage).
- b. Auxiliarist claims for loss or damage must be submitted separately. Please refer to Document Type 33, claims, and COMDTINST M5890.9.
- c. Auxiliary Patrol Orders are normally assigned priority processing at FINCEN.
- d. The Auxiliary Manual, Chapter 9-G, 3.a.b., states that hotel expenses are authorized; however, those such expenses are to be reimbursed on a travel claim, DD Form 1341-2 and not on the auxiliary patrol order CG5132. Further instructions to submit reimbursements for hotel expenses are provided in Chapter 9-I (Travel claim procedures), section 4. (completing the DD-1351-2). I, (6) lodging Cost.

8. FPD Information:

- a. Standard generic input is made through Miscellaneous Obligations in the Simplified Obligations Applet.
- b. Obligation will transmit electronically via FPD.

Note: The appropriate object class and description when the object class field is entered for this document type has the following selections:

Object Class	Description	Suffix Generated
257P	Air SAMA	002
2596	Meals	001
2634	Trailing	002
2632	Aircraft fuel	000
2637	Boat fuel	000
257P	Surface SAMA	003

This procedure ensures that the proper suffix and object class is assigned in FPD for each required accounting line. One set of orders will not contain an accounting line for both aircraft fuel and boat fuel, therefore the suffix generated for both of those accounting lines is the same. When entering the obligation, you must enter the suffix associated with the charge. If a suffix is NOT entered, FPD will assign a suffix starting with 000.

- c. POMS units are not required to mail copies of Patrol Orders to the FINCEN. Units not using POMS should mail Patrol Orders to the FINCEN. Final "ENDORSEMENT BY ORDER ISSUING AUTHORITY" hard copies must still be submitted to the Finance Center because the auxiliarist signed patrol order acts as the "Invoice" and the unit's "Receiving Report". Mail signed patrol orders to: Auxiliary, USCG Finance Center, P. O. Box 4104, Chesapeake, VA 23327-4104.

9. Document Flow:

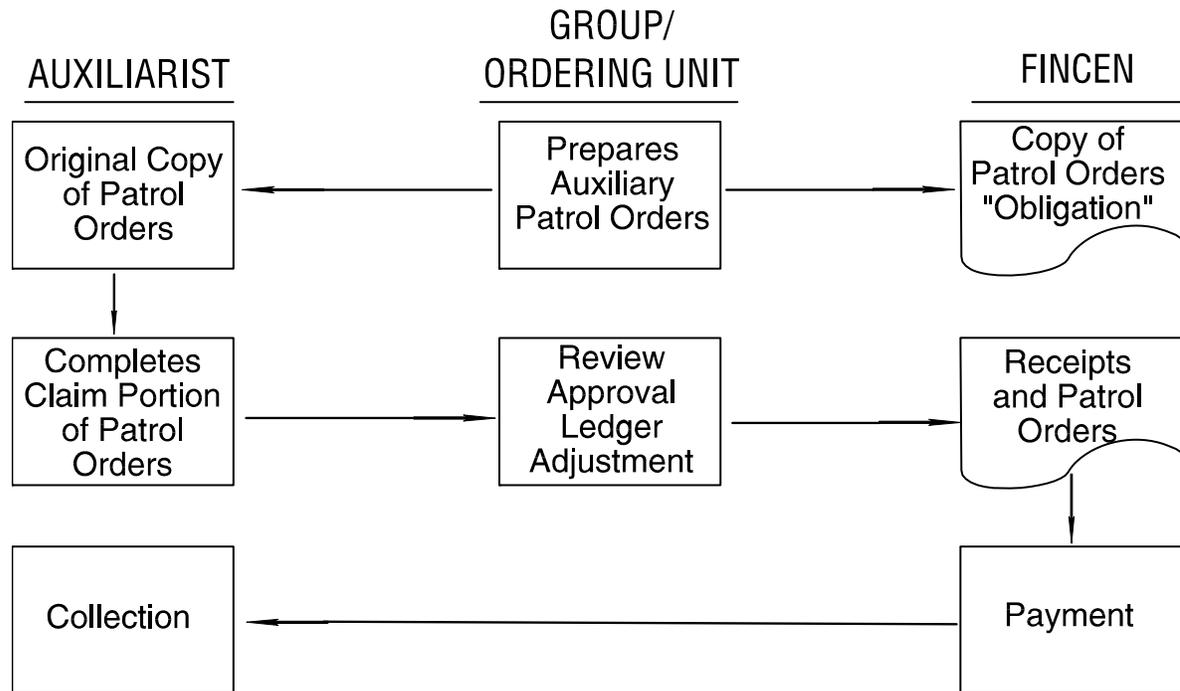


Figure 12D-27 Auxiliary Patrol Orders

- 9 a. Figure 12D-27 describes the procedures for processing the Auxiliary Patrol Orders form.
- b. The ordering activity prepares the Auxiliary Patrol Orders and submits the original to the auxiliarist. Non-FPD units forward a copy marked "OBLIGATION COPY" to Auxiliary, USCG Finance Center, P. O. Box 4104, Chesapeake, VA 23327-4104. The Social Security Number of the auxiliarist is required on all orders.
- c. When the patrol is completed, the auxiliarist completes the claims portion of the Auxiliary Patrol Order and forwards the original to Group/Ordering Unit with the required receipts for review, approval, and target ledger adjustment.
- d. After approval, the ordering activity forwards the claim and supporting documentation to Auxiliary, USCG Finance Center, P. O. Box 4104, Chesapeake, VA 23327-4104.
- e. The FINCEN makes payment to the auxiliarist or authorized claimant indicated in the "Mail Check To" block of Form CG-5132 (Rev 1-97).

### 11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
2708908FAB001000	051	08006FH0G	73500	2637	0.00	50.00	0.00	50.00
2708908FAB001000	102F	08050FH0H	73500	2637	0.00	50.00-	0.00	50.00
2708908FAB001002	103F	08050FH0H	73500	2596	0.00	0.00	0.00	20.00

Note: Direct expenditures, transaction code 103F, are processed when no obligation has been recorded.

### 12. References:

- a. COMDTINST M5890.9, Claims and Litigation Manual (Coast Guard).
- b. COMDTINST M16790.1E, Auxiliary Manual.

### 10. Sample Form: See Figure 12D-28 and 12D-28a.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132 (Rev. 04-02-FC)	<b>COAST GUARD AUXILIARY PATROL ORDERS</b> (Instructions and Privacy Act Statement on page 2)	TYPE 27	FY 03	ORDER NUMBER 333SHK798					
<b>SECTION I - AUTHORIZATION</b>									
FROM (Order Issuing Authority): <b>COMMANDER, GROUP PORTLAND</b>									
TO (Name and address of operator): <b>RICHARD D DARLING 1175421</b>			CALLSIGN: OWNERS NAME: <b>RICHARD D DARLING</b> FACILITY ID:						
1. PERFORM THE FOLLOWING AUTHORIZED <b>REIMBURSABLE</b> DUTY IN ACCORDANCE WITH CURRENT POLICY. PATROL: DATE: <b>09/14/03</b> FOR STATION: PATROL TYPE: TIME: <b>700</b> # CREW REQUIRED (INCLUDING COXSWAIN): <b>3</b> COMMENTS:									
2. ACCOUNTING DATA									
ITEM	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE
FUEL COST	Yes		2/S	301	113	30/0	14	73500	2637
AIRCRAFT MAINT. COST									
SUBSISTENCE COST	Yes		2/P	301	299	12/0	12	73500	2596
AUTO/TRAILERING COST	Yes		2/S	301	113	30/0	46	73500	2596
SIGNATURE OF ORDER ISSUING AUTHORITY: <b>Karleskint, Doug</b>							DATE ISSUED: <b>09/14/03</b>		
<b>SECTION II - CLAIM FOR REIMBURSEMENT</b>									
1. ITINERARY	DATE	TIME	LOCATION			TRAILERING DATA			
Departed Home/Office						Cost:			
Arrived Launch Site						Miles:			
Facility in Use	<b>09/14/03</b>	<b>700</b>							
Facility Use Ended	<b>09/14/03</b>	<b>1830</b>							
Departed Launch Site						Cost: <b>\$ .00</b>			
Returned Home/Office						Miles: <b>36</b>			
2. LIST NAMES AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less Coxswain)									
A. <b>CURTIS R WILHELM 1174051</b>		E.							
B.		F.							
C.		G.							
D.		H.							
3. REIMBURSABLE EXPENSES	RECEIVED IN KIND (GOVERNMENT PROVIDED)	TOTAL							
Breakfast	no	<b>2</b>							
Lunch	no	<b>2</b>							
Dinner	no	<b>2</b>							
Fuel	no	<b>\$50.00</b>							
Oil, Fuel Additive	no	<b>\$3.88</b>							
Aircraft Flight Hours:		<b>0</b>							
Trailer Costs, Ramp Fees, Lock Fees		<b>\$ .00</b>							
Ice/Other (Official Telephone Costs, etc.)		<b>\$ .00</b>							
Aircraft Type:									
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.									
SIGNATURE OF COXSWAIN: <b>RICHARD D DARLING</b>				DATE: <b>09/14/03</b>					
SIGNATURE OF CLAIMANT: <b>RICHARD D DARLING</b>		MAIL CHECK TO: <b>RICHARD D DARLING PO BOX 1745 ESTACADA OR 97023--1745</b>		SSN: MEMBER#: <b>1175421</b>					
<b>SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY</b>									
1. THIS CLAIM <input checked="" type="checkbox"/> FORWARDED, APPROVED FOR PAYMENT <input type="checkbox"/> RETURNED, DISAPPROVED FOR PAYMENT									
SIGNATURE OF ORDER ISSUING AUTHORITY: <b>Karleskint, Doug 360-695-4085 wamndam@xprt.net</b>				DATE: <b>10/14/03</b>					

Previous edition may be used

ANSC 7000

Figure 12D-28 CG-5132, Coast Guard Auxiliary Patrol Order (POMS)

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132 (Rev. 9/00)	<b>COAST GUARD AUXILIARY PATROL ORDER</b> (Instructions and Privacy Act Statement on page 2)				TYPE	PY	DOCUMENT NUMBER						
					27	03	243196 N-5						
<b>SECTION I - AUTHORIZATION</b>													
FROM (Order Issuing Authority): COMMANDER, U.S. COAST GUARD GROUP MORICHES													
TO (Name and address of operator): CHARLES W BAACK 476 TWIN BARK AVE HOLBROOK, NY 11741					MEMBER #: 1147818 FACILITY #: 242165 # CREW REQUIRED (including operator): 02								
1. PERFORM THE FOLLOWING AUTHORIZED <input checked="" type="checkbox"/> REIMBURSABLE <input type="checkbox"/> NON-REIMBURSABLE DUTY PER CURRENT POLICY:  MDA PATROL GT SOUTH BAY Tue. 17 Sep 03													
<b>2. ACCOUNTING DATA</b>													
	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE				
FUEL COST	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2/1	301	101	30/0	73500	9G	2637				
AIRCRAFT MAINT. COST	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
SUBSISTENCE COST	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2/B	301	299	12/0	73500	12	2596				
AUTO/TRAILERING COST	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2/1	301	101	30/0	73500	9G	2596				
SIGNATURE OF ORDER ISSUING AUTHORITY: ZET John R. West OSC							DATE: SEP 17 2003						
<b>SECTION II - CLAIM FOR REIMBURSEMENT</b>													
1. ITINERARY	DATE	TIME	LOCATION				AUTO/TRAILER DATA						
Departed Home/Office	17SEP03	0800	HOLBROOK, NY				Miles:						
Arrived Launch Site	17SEP03	0830	BLUE POINT, NY				Cost:						
Facility In Use	17SEP03	0900	GT SOUTH BAY										
Facility Use Ended	17SEP03	1600	BLUE POINT, NY										
Departed Launch Site	17SEP03	1630	BLUE POINT, NY				Miles:						
Returned Home/Office	17SEP03	1700	HOLBROOK, NY				Cost:						
2. LIST NAMES AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)													
A. MICHELS, A 1151630				E.									
B.				F.									
C.				G.									
D.				H.									
3. REIMBURSABLE EXPENSES	RECEIVED IN KIND GOVERNMENT PROVIDED		TOTAL CREW/TRAINEE/AUTHORIZED PASSENGERS								TOTAL	GRAND TOTAL	
	Y	N	OPR	A	B	C	D	E	F	G	H		
Breakfast	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>											
Lunch	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	✓	✓									
Dinner	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>											
Fuel, Oil	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>										68.90	
Ice	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>											
Aircraft Flight Hours:			Type Aircraft:										
Trailer Costs, Ramp Fees, Lock Fees													
Other (Official Telephone Costs, etc.)													
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.													
SIGNATURE OF OPERATOR: Charles W Baack											DATE: 17 Sep 03		
MAIL CHECK TO (Name and address): 476 TWIN BARK AVE HOLBROOK, NY 11741											Signature of Claimant: Charles W Baack		
											SGN:		
											MEMBER #: 1147818		
<b>SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY</b>													
1. THIS CLAIM <input checked="" type="checkbox"/> FORWARDED, APPROVED FOR PAYMENT <input type="checkbox"/> RETURNED, DISAPPROVED FOR PAYMENT													
SIGNATURE OF ORDER ISSUING AUTHORITY: OSC John R West											DATE: OCT 7 2003		

Figure 12D-28a CG-5132, Coast Guard Auxiliary Patrol Order