

## U. S. Coast Guard Auxiliary MEMBER ACTIVITY WORKSHEET (FOR OPTIONAL USE)

**Section 1 – Member Information** .....

Member ID	Last Name and Initials
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**Section 2 – Activity Information**

Item:	Date DDMMM	MISSION DESCRIPTION	HOURS PER MISSION CATEGORY				
			99A	99B	99C	99D	99E
1							
2							
3							
4							
5							
6							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total Hours							

**Section 3 – Non-Reimbursed Expenses:** Please list the total number of unreimbursed miles that you drove and the amount of any unreimbursed expenses required for all of your reported Auxiliary activity during this reporting period:

Total Miles: \_\_\_\_\_ All Expenses: \$ \_\_\_\_\_

Date Submitted: \_\_\_\_\\_\_\_\_\\_\_\_\_ Log Number: (Optional) \_\_\_\_\_