

DEPARTMENT OF HOMELAND SECURITY U. S. Coast Guard ANSC-7029H (01/10)	<h2 style="margin: 0;">U. S. Coast Guard Auxiliary</h2> <h3 style="margin: 0;">Member Activity Form</h3>	Division ____ Flotilla ____
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AUXDATA Use Only

99A-Total Hrs ____

99B-Total Hrs ____

99C-Total Hrs ____

99D-Total Hrs ____

99E-Total Hrs ____

Activity RBS Mission 99

Use this form to report activity not reported on any other AUXDATA form.
Month _____ **Year** _____

Section 1 – Member Information

Member ID	Last Name and Initials

Section 2 – Activity Information

MISSION CODES	MISSION DESCRIPTIONS	TOTAL HOURS FOR MONTH
99-A - AUXILIARY LEADERSHIP	Report all time spent by elected and appointed staff performing National, District, Division, and Flotilla position duties. This includes all time spent for preparation and travel for these duties.	
99-B - RECREATIONAL BOATING SAFETY (RBS) SUPPORT	Report all time spent in RBS Support that is not otherwise reported on a 7030, 7038, 7039, or 7046. This includes all time for preparation and travel in support of missions reported on 7030, and 7038.	
99-C - MARINE SAFETY (MS) SUPPORT	Report all time spent in MS Support that is not otherwise reported on a 7030 or 7038. This includes all time for preparation and travel in support of Marine Safety, Marine Environmental Protection, Commercial Fishing Vessel, Uninspected Passenger Vessels, and Uninspected Towing Vessels.	
99-D – TRAINING SUPPORT	Report all time spent in Training Support that is not otherwise reported on a 7030 or 7039. Any hours spent as a Trainee, other than attending a workshop, should be reported here. This includes all time for preparation, study, homework, and travel regardless of the level of training.	
99-E – AUXILIARY ADMINISTRATIVE/LOGISTICAL SUPPORT	Report all time spent for Auxiliary and CG Support missions not otherwise reported on any other form or any other Mission Code above. Include all time working on committees or attending meetings (if you are not an elected or staff officer.) This includes all time for preparation and travel.	

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) _____

Previous Editions are Obsolete

Copy 1 Member