

**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							
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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) _____