

INSTRUCTIONS

1. COTCs use this form to provide a financial accounting of training evolution.
2. Include this form with the COTC's Training Report (NSCTNG 009)

1. TRAINING SITE INFORMATION

| | | |
|------------------------------|--------------------------|--|
| 1a. Training Type | 1b. Training Code | 1c. Dates of Training (DD MMM YY – DD MMM YY) |
| 1d. Training Location | | |
| 1e. COTC Name | 1f. COTC Phone | 1g. COTC E-Mail |

2. EXPENSES/COSTS

2a. BILLETING

| NUMBER OF PERSONNEL | | COST PER DAY | | DAYS | | SUBTOTALS | |
|-------------------------------|---|--------------|---|------|---|-----------|--|
| Cadets: | X | \$ | X | | = | \$ | |
| Staff Cadets: | X | \$ | X | | = | \$ | |
| Escort Officers: | X | \$ | X | | = | \$ | |
| Early Arrivals: | | | | | | \$ | |
| BILLETING SUBTOTAL (-) | | | | | | \$ | |

2b. MESSING

| | | | |
|-----------------------------|--|----|----|
| On-Site (Galley): | | \$ | |
| Off-Site (Other): | | \$ | |
| MESSING SUBTOTAL (-) | | | \$ |

2c. UTILITIES

| | | | |
|-------------------------------|--|----|----|
| Phone: | | \$ | |
| Electricity: | | \$ | |
| Water/Sewer: | | \$ | |
| Other – Specify: | | \$ | |
| UTILITIES SUBTOTAL (-) | | | \$ |

2d. LOGISTICS

| | | | |
|--|--|----|----|
| Administrative Supplies (Pens, Paper, Notebooks, etc.): | | \$ | |
| Copying/Printing: | | \$ | |
| Computer/Copier/Projector Rental: | | \$ | |
| Postage / P.O. Box Rental: | | \$ | |
| Laundry/Dry Cleaning: | | \$ | |
| Photo (Film, Developing, etc.): | | \$ | |
| Transportation (Beyond NHQ/CNRC Bus and Van arrangements): | | \$ | |
| LOGISTICS SUPPORT (-) | | | \$ |

2e. TRAINING AND OPERATIONS

| | | | |
|---|--|----|--|
| Pool Charges: | | \$ | |
| Canteen / Web Belt / Gear Rental Charges: | | \$ | |
| PT Gear / T-Shirt / Ball Cap: | | \$ | |

TWT AUDIT REPORT

2e. TRAINING AND OPERATIONS (CONTINUED)

| | | |
|---|----|----|
| Drinking Water / Fluids: | \$ | |
| First Aid / Safety Supplies: | \$ | |
| Radios / Walkie-Talkies: | \$ | |
| Uniform Items: | \$ | |
| Team Building – Specify: | \$ | |
| Personal and Hygiene: | \$ | |
| Other – Please Specify: | \$ | |
| Next Year's Carryover: | \$ | |
| Escort Allowance (Attach Worksheet): | \$ | |
| TRAINING AND OPERATIONS SUBTOTAL (-) | | \$ |
| 2f. TOTAL OF EXPENSES / COSTS (-) | | \$ |

3. REVENUE AND CREDITS

| | | |
|---|--|----|
| Last Year's Carryover: | \$ | |
| Funding Provided by NHQ: | \$ | |
| Supplemental Funding by NHQ: (If Any): | \$ | |
| Cadet Training Deposits: | <input checked="" type="checkbox"/> \$ | |
| Staff Cadet Training Deposits: | <input checked="" type="checkbox"/> \$ | |
| Other Revenue – Specify: | \$ | |
| REVENUE AND CREDITS SUBTOTAL (+) | | |
| 4. ADVANCE REIMBURSEMENT OF UNUSED FUNDS (Funds returned to NHQ prior to the completion of this audit) (-) | | \$ |
| 5. TOTAL REMAINING AFTER TRAINING (Revenues minus Expenses) | | \$ |

6. DISPOSITION OF FUNDS

- The amount in block 5 should be a positive number, if it is not, notify NHQ immediately.
- This audit report is to be submitted with the COTC Training Report (NSCTNG 009) within 30 days of the completion of the training evolution.
- Funds in excess of last year's carryover will be returned to NHQ with the COTC's report. Make check payable to: US NAVAL SEA CADET CORPS
- Refer any additional questions to NHQ at (703) 243-6910.

7. COMMENTS / REMARKS
8. AUDIT SUBMITTED BY:

| | | |
|---|----------------------|-----------------------------|
| 8a. COTC, Full Name & Rank (Print or Type) | 8b. Signature | 8c. Date (DD MMM YY) |
|---|----------------------|-----------------------------|

9. AUDIT ENDORSED BY:

| | | |
|---|----------------------|-----------------------------|
| 9a. XOTC or Designated Other, Full Name & Rank (Print or Type) | 9b. Signature | 9c. Date (DD MMM YY) |
|---|----------------------|-----------------------------|