

INSTRUCTIONS

1. Unit COs/COTCs use this form for requesting reimbursement of costs associated with all Coast Guard training.
2. For nationally scheduled training published in the Summer/Winter Training Schedule under National Orders use NSCTNG 021. *Remember, USCG Training is not under National Orders.*
3. For all locally arranged training of five days or more use NSCTNG 023.
4. After training, to receive reimbursements;
 - a. Complete this form and forward it to NHQ no later than 01 September.
 - b. Attach copies of all NSCTNG003/004s for all personnel who attended training and all receipts.
 - c. Do this for all evolutions where NSCTNG 003/004s were used for each US Coast Guard training evolution.
 - d. NHQ will cut one check back. COTC/Unit is responsible for reimbursing Cadets and Officers for expenses incurred.
5. There is no deposit or quota reservation fee for training at US Coast Guard activities. Cadets and Escort Officers are expected to pay for their own miscellaneous administrative and housekeeping expenses, up to the deposit fee. Use the Miscellaneous section for any unique additional expenses beyond what the deposit would normally cover. Reimbursement for these items is not guaranteed, but will be considered.

1. TRAINING SITE INFORMATION

1a. Training Type	1b. Training Code <b style="font-size: 1.2em;">USCG	1c. Dates of Training (DD MMM YY – DD MMM YY)
1d. Training Location		
1e. COTC Name	1f. COTC Phone	1g. COTC E-Mail

1h. Brief Description of Training Completed

2. EXPENSES/COSTS

2a. BILLETING

NUMBER OF PERSONNEL		COST PER DAY		DAYS		SUBTOTAL		
Cadets	X	\$	X		=	\$		
Staff Cadets	X	\$	X		=	\$		
Escort Officers	X	\$	X		=	\$		
Early Arrivals						\$		
BILLETING SUBTOTAL							\$	

2b. MESSING

NUMBER OF PERSONNEL		COST PER DAY		DAYS		SUBTOTAL		
Cadets	X	\$	X		=	\$		
Staff Cadets	X	\$	X		=	\$		
Escort Officers	X	\$	X		=	\$		
Off-site / Special Messing Costs:						\$		
MESSING SUBTOTAL							\$	

FUNDING REQUEST				
2c. MISCELLANEOUS				
Other Expenses – Specify:	\$			
Other Expenses – Specify:	\$			
Other Expenses – Specify:	\$			
Other Expenses – Specify:	\$			
Other Expenses – Specify:	\$			
MISCELLANEOUS SUBTOTAL		\$		
2d. TOTAL OF EXPENSES / COSTS			\$	
3. PAYMENT INFORMATION				
<ul style="list-style-type: none"> The amount requested in block 2d is the actual amount of money that was required. This is amount that will be forwarded to the unit CO / COTC to cover expenses as detailed above. <u>Checks must be made payable to an NSCC/NLCC Unit, not a person.</u> The unit CO / COTC is not required to submit a COTC Training Report (NSCTNG 009) or a TWT Audit Report (NSCTNG 010). Refer any additional questions to NHQ at (703) 243-6910. 				
3a. Make check payable to				
3b. Mailing Address				
3c. City	3d. State	3e. Zip Code + 4		
4. SUBMITTED BY UNIT CO / COTC				
5a. Full Name & Rank (Print or Type)	5b. Signature	5c. Date (DD MMM YY)		
5d. XO or Designated Other, Full Name & Rank (Print or Type)	5e. Signature	5f. Date (DD MMM YY)		
6. FUNDING APPROVED (NHQ ACTION)				
6a. NHQ Control Number	6b. Amount Approved \$	6c. Amount Disapproved \$	6d. Date (DD MMM YY)	
6e. Full Name and Rank of NHQ 1st Endorsement (Print or Type)	6f. Signature		6g. Date (DD MMM YY)	
6h. Full Name and Rank of NHQ 2nd Endorsement (Print or Type)	6i. Signature		6j. Date (DD MMM YY)	
6k. NHQ Comments				
<ul style="list-style-type: none"> Copy to Field Representative 				