



Coast Guard Mutual Assistance

Application for Campaign Kick-Off Reimbursement

Instructions for completion: Fill, sign and submit form and copies of accompanying receipts to campaign@mycgma.org.

CGMA Campaign Coordinator to be reimbursed				
Name: Last	First	M.I.	Last 4 / Employee ID	Rank/Rate/Grade:
Home Address (for mailing check)		City	State	Zip Code
Contact Phone Number	Personal E-mail Address (used for banking)			
OPFAC #	Current Duty Station / Unit			

Kick off funds may be used for decorations and refreshments (juice, coffee, donuts) for All Hands or another campaign specific gathering where high unit attendance is anticipated. Pre-approved Kick-off funds are available according to the following matrix:	Unit Size/Expected Attendance	Dollar Amount
	25 or under	\$50
	26-50	\$75
	51-75	\$95
	76-130	\$135
	131-250	\$175
	251-399	\$200
Over 400	\$250	

Request		
Unit Size/Attendance(see above matrix): _____		
Total Reimbursement Amount Requested \$ _____	I prefer to receive funds by	Check Electronic Disbursement
Description	Date	Amount

Comments

<p>All information submitted on and with this application is accurate to the best of my knowledge. Instructions for completion: Fill, sign and submit form and copies of accompanying receipts to campaign@mycgma.org.</p> <p style="text-align: center;"><i>This form, with attachments, will be kept on file with CGMA.</i></p> <p>Applicant's Signature: _____ Date: _____</p>
