

Department of Homeland Security U. S. Coast Guard CG PSC-5100 (Rev. 01/07)	<h2 style="margin: 0;">OFFICER UNIFORM ALLOWANCE CLAIM WORKSHEET</h2>
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EMPLID	NAME, (Last, First, MI)	RATE/RANK	ELIGIBILITY DATE
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Claim Code Check the correct block

<input type="checkbox"/>	B	Initial uniform allowance for reservists only. The officer has not already received the initial uniform allowance and meets one of the following: <ol style="list-style-type: none"> 1. Has reported for AD (other than training) for a period in excess of 90 days including authorized travel time; or 2. Has completed not less than 14 days of AD or ADT; or 3. Has completed 14 periods, of not less than 2 hours duration each, of inactive duty training in Ready Reserve status. 	\$400
<input type="checkbox"/>	C	Initial uniform allowance for reservists only. The officer has transferred from another reserve component of the Armed Forces where a different uniform was required.	\$400
<input type="checkbox"/>	D	Initial uniform allowance for all regular officers and for those reserve officers who have recently graduated from OCS and are currently on active duty for a period in excess of 139 days. An officer is entitled to an initial uniform allowance upon first appointment as an officer (temporary or regular) or as a permanent warrant officer.	\$400
<input type="checkbox"/>	E	Additional active duty uniform allowance for reserves only. The reserve officer is entering on AD or ADT for more than 90 days or has been on continuous AD or ADT for more than 90 days and 2 years have elapsed since receipt of an initial reimbursement or allowance in excess of \$400 or 2 years have passed since the last period of AD or ADT for more than 90 days.	\$200

Privacy Act Statement: In accordance with 5 USC 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:
 Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate amount of Officer Uniform Allowance. Routine Use(s) - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member will not be properly reimbursed.

Signature of claimant	DATE
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Command Approval	Date:	For SPO Use Only	
		Action Completed Date:	Initials:

Reverse blank