

Attach a copy of the receipt reflecting payment.

Department of Homeland Security U. S. Coast Guard CG PSC-7270 (Rev. 05/06)	COLA – Unique Expenses Reimbursement Worksheet
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1. Name (Last, First, MI): _____	2. Rank/Rate: _____	3. EmplID #: _____	4. Permanent Unit: _____
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Purpose: In some overseas areas members incur significant **mandatory** and **excessive** expenses for items that Continental U. S.-based members never purchase. Since the expenses are not incurred in the Continental U. S. they cannot be made a part of the ordinary Cost of Living Allowance (COLA) index calculation. For these expenses, payment is a dollar-for-dollar reimbursement for a specifically authorized expense at designated authorized locations. Use this worksheet to transmit your receipt(s), showing you have incurred an authorized reimbursable expense, to PSC (MAS).

5. Period of time of requested tax reimbursement (i.e. 1 July 06 to 30 June 07): From: _____ To: _____ <i>Must be paid on or after 1 July 2006.</i> <i>No expenses paid before this date can be reimbursed.</i>	6. Amount claimed in U.S. Currency (i.e. \$200.00): \$ _____
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As of **1 July 2006**, only taxes or fees for the countries and purposes listed below are reimbursable.
 (Ref: Joint Federal Travel Regulations (JFTR), Appendix J, Part II, Change #235)

7. Country Fee or Tax paid to: <input type="checkbox"/> Gibraltar <input type="checkbox"/> Singapore <input type="checkbox"/> United Kingdom	8. Type of Fee or Tax: <input type="checkbox"/> Television License fees (may be reimbursed once per calendar year). <input type="checkbox"/> Vehicle Excise Tax (Road Tax) for <u>one POV</u> (may be reimbursed once per calendar year). <input type="checkbox"/> Road Tax for <u>one POV</u> (may be reimbursed once per calendar year). <input type="checkbox"/> Registration/Transfer fees for <u>one POV</u> (may be reimbursed once per calendar year). <input type="checkbox"/> Television License fees (may be reimbursed once per calendar year). <input type="checkbox"/> Vehicle Excise Tax (Road Tax) for <u>one POV</u> (may be reimbursed once per calendar year).
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9. Member's Signature: _____ <p align="center"><i>There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).</i></p>	10. Date: _____
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Instructions

Attach a copy of the receipt reflecting payment. The receipt must be legible.

This worksheet, along with a copy of the tax or fee receipt, must be mailed or faxed to USCG Personnel Service Center.

Fax Number is (785)339-3754

Mail to:

Commanding Officer (MAS)
 USCG Personnel Service Center
 444 SE Quincy Street
 Topeka, KS 66683-3591

The amount claimed in item 5 will be reimbursed to you, if it is for an authorized expense and is supported by a valid receipt, via your regularly military pay and will appear on your Leave and Earnings Statement.

The payday the payment is made is dependent on the date your request is received and processed at PSC Topeka and the DA/JUMPS Payroll Processing Schedule. Generally, requests must be received 10 to 12 working days before the payday in order to be processed in time to be included in the next payroll processing cycle.

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