

<b>DEPARTMENT OF HOMELAND SECURITY U. S. Coast Guard ANSC-7029H (01/10)</b>	<b>U. S. Coast Guard Auxiliary</b>  <b>Member Activity Form</b>	Division ____ Flotilla ____
---	---	-----------------------------

Use this form to report activity not reported on any other AUXDATA form.  
**Month** \_\_\_\_\_ **Year** \_\_\_\_\_

AUXDATA Use Only

99A-Total Hrs \_\_\_\_\_

99B-Total Hrs \_\_\_\_\_

99C-Total Hrs \_\_\_\_\_

99D-Total Hrs \_\_\_\_\_

99E-Total Hrs \_\_\_\_\_

Activity RBS Mission 99

**Section 1 – Member Information**

Member ID	Last Name and Initials

**Section 2 – Activity Information**

MISSION CODES	MISSION DESCRIPTIONS	TOTAL HOURS FOR MONTH
99-A - AUXILIARY LEADERSHIP	Report all time spent by elected and appointed staff performing National, District, Division, and Flotilla position duties. This includes all time spent for preparation and travel for these duties.	
99-B - RECREATIONAL BOATING SAFETY (RBS) SUPPORT	Report all time spent in RBS Support that is not otherwise reported on a 7030, 7038, 7039, or 7046. This includes all time for preparation and travel in support of missions reported on 7030, and 7038.	
99-C - MARINE SAFETY (MS) SUPPORT	Marine Safety (MS) Support: Report all time spent in MS Support that is not otherwise reported on a 7030 or 7038. This includes all time for travel in support of Marine Safety and Marine Environmental Protection.	
99-D – TRAINING SUPPORT	Report all time spent in Training Support that is not otherwise reported on a 7030 or 7039. Any hours spent as a Trainee, other than attending a workshop, should be reported here. This includes all time for preparation, study, homework, and travel regardless of the level of training.	
99-E – AUXILIARY ADMINISTRATIVE/LOGISTICAL SUPPORT	Report all time spent for Auxiliary and CG Support missions not otherwise reported on any other form or any other Mission Code above. Include all time working on committees or attending meetings (if you are not an elected or staff officer.) This includes all time for preparation and travel.	

**Section 3 – Non-Reimbursed Expenses:** Please list the total number of unreimbursed miles that you drove and the amount of any unreimbursed expenses required for all of your reported Auxiliary activity during this reporting period:

Total Miles: \_\_\_\_\_ All Expenses:\$ \_\_\_\_\_

Date Submitted: \_\_\_\_\\_\_\_\_\\_\_\_\_ Log Number: (Optional) \_\_\_\_\_

**U. S. Coast Guard Auxiliary  
MEMBER ACTIVITY WORKSHEET  
(FOR OPTIONAL USE)**

**Section 1 – Member Information** .....

Member ID	Last Name and Initials
-----------	------------------------

**Section 2 – Activity Information**

Item:	Date DDMMM	MISSION DESCRIPTION	HOURS PER MISSION CATEGORY				
			99A	99B	99C	99D	99E
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total Hours							

**Section 3 – Non-Reimbursed Expenses:** Please list the total number of unreimbursed miles that you drove and the amount of any unreimbursed expenses required for all of your reported Auxiliary activity during this reporting period:

Total Miles: \_\_\_\_\_ All Expenses: \$ \_\_\_\_\_

Date Submitted: \_\_\_\_\\_\_\_\_\\_\_\_\_ Log Number: (Optional) \_\_\_\_\_