

AUTHORIZED INTERMENT EXPENSES WORKSHEET

For use of this form, see DA PAM 638-2; the proponent agency is DCS, G-1.

1. NAME _____	2. RANK _____	3. DCIPS CASE NO. _____	4. DATE OF DEATH (YYYYMMDD) _____
5. CEMETERY TYPE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NATIONAL <input type="checkbox"/> POST/FORT	6. CREMATION <input type="checkbox"/> YES <input type="checkbox"/> NO	7a. CONTRACT IN EFFECT <input type="checkbox"/> YES <input type="checkbox"/> NO 7b. IF NO, PRIMARY (<i>Preparation</i>) EXPENSES. _____	

9. MEMORIAL/FUNERAL EXPENSES			
a. MAXIMUM AUTHORIZED MEMORIAL/FUNERAL EXPENSES _____			
b. PROFESSIONAL SERVICES (<i>Funeral Director and Staff</i>)		ACTUAL EXPENSES	AUTHORIZED EXPENSES
RECEIVING REMAINS SERVICE PACKAGE _____			
VISITATION/VIEWING _____	OTHER _____		
GRAVESIDE SERVICE _____			
c. USE OF FACILITIES			
FUNERAL HOME _____	CHURCH _____		
CREMATORY _____	OTHER _____		
d. EQUIPMENT			
LIMOUSINE FOR PNOK _____	FLOWER CAR _____		
LEAD CAR _____	OTHER _____		
e. SERVICES			
ORGANIST _____	SOLOIST _____		
CLERGY HONORARIUM _____	PERMITS/FEES _____		
OBITUARY, DEATH NOTICE, OR ANNOUNCEMENTS _____			
PALL BEARERS (<i>When military honors are <u>not</u> performed</i>) _____			
f. SUPPLIES			
GUEST REGISTER BOOK _____	PRAYER CARDS _____		
SERVICE ORDERS _____	FLOWERS _____		
MEMORIAL FOLDERS _____	RELIGIOUS ITEMS _____		
ACKNOWLEDGMENT CARDS _____			
g. CEMETERY			
BURIAL RECEPTACLE _____	GRAVESITE (<i>Single</i>) _____		
TEMPORARY MARKER _____	EQUIPMENT _____		
OPENING/CLOSING GRAVE OR NICHE _____			
h. MISCELLANEOUS			
STOP-OVER EXPENSE _____	SALES TAX _____		
CERTIFIED DEATH CERTIFICATES (<i>See preparation</i>) _____			
i. OTHER INTERMENT RELATED EXPENSES			

j. TRANSPORTATION EXPENSES		TOTAL MEMORIAL/FUNERAL EXPENSES	
HEARSE _____	TO FUNERAL SITE _____		
TO COMMON CARRIER _____	TO CEMETERY _____		
FROM COMMON CARRIER _____			
TOTAL MEMORIAL/FUNERAL AND TRANSPORTATION EXPENSES			

10a. PREPARED BY _____	10b. DATE PREPARED (YYYYMMDD) _____
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