

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** _____

	ACTUAL EXPENSES	AUTHORIZED EXPENSES
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b. **PROFESSIONAL SERVICES** (*Funeral Director and Staff*)

RECEIVING REMAINS SERVICE PACKAGE _____			
VISITATION/VIEWING _____			
GRAVESIDE SERVICE _____	OTHER _____		

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/FEEES _____		
OBITUARY, DEATH NOTICE, OR ANNOUNCEMENTS _____			
PALL BEARERS (<i>When military honors are not 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**

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

TOTAL MEMORIAL/FUNERAL AND TRANSPORTATION EXPENSES _____

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