

## 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.	

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

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