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| --- | --- |
| Commander  United States Coast Guard  XXXXXXXXX | XXXXXXXXX  XXXXXXXXX  1740  Date |

**MEMORANDUM**

From: Commanding Officer/Officer in Charge

To: Rank, Name

Subj: DESIGNATION AS COMMAND FINANCIAL SPECIALIST (CFS)

Ref: (a) Coast Guard Personal Financial Management Program, COMDTINST 1740.8(series)

1. In accordance with reference (a) you are designated as the Unit NameCFS. You will familiarize yourself with policies and procedures of reference (a) and other applicable Personal Financial Management program elements in the performance of your duties.

2. In your capacity as CFS, you will report directly to the Commanding Officer/Officer in Charge or their representative. Complete the information requested below and forward as indicated. This designation remains in effect until rescinded in writing or three years after CFS course completion (unless refresher training is completed and documented), whichever occurs first.

Signature

Name/Rank/Employee ID of CFS:

Date of Designation:

Date Completed CFS Course:

Global E-Mail Address:

Location of HSWL-RP: USCG Base Seattle, 1519 Alaskan Way S., Seattle, WA 98134

I accept the designation of the Unit Name CFS.

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Member Signature

Copy to:

HSWL RP PFM