



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE
U. S. MARINE CORPS FORCES, PACIFIC
BOX 555300
CAMP PENDLETON, CA 92055-5300

IN REPLY REFER TO:
7000
G-1
JAN 8 2016

POLICY LETTER 9-15

From: Commanding General, I Marine Expeditionary Force
To: Distribution List

Subj: AWARD OF MEDALLIONS ("COINS") IN RECOGNITION OF SIGNIFICANT ACCOMPLISHMENTS

Ref: (a) MCO 7042.6C

Encl: (1) RCO Authorization Worksheet

1. Purpose. To establish policy and guidance governing on the procurement and use of medallions, hereafter referred to as "coins" or recognition.

2. Information. Reference (a) established procedures authorizing Marine Corps General Officers (GO) in command to expend locally available operating funds to purchase coins for the purpose of recognizing superior performance as part of an awards program.

a. When used exclusively as awards for significant accomplishments, coins may be purchased with locally available appropriate funds. GOs in command must authorize any purchase and use of these coins to recognize these accomplishments. All coin purchases must be submitted to I Marine Expeditionary Force (I MEF) Commanding General (CG) via the I MEF Assistant Chiefs of Staff (AC/S) G-1/G-8 for approval prior to purchasing.

b. The coins will contain the name of the command presenting the award. Coins purchased with appropriated funds will not contain the name of an individual commander. Commands will only purchase enough coins to meet the bona fide need of the command for each fiscal year.

c. Coins or other items for use as morale boosters, motivational tools, or mementos for very important persons will not be purchased utilizing Marine Corps appropriated funds. Further, appropriated funds are not to be used for purchasing personal gifts of any kind without specific statutory authority.

d. Criteria for Coin Award presentation will be based on the following:

1. Marine of the Month, Quarter, and Year.
2. High Rifle/Pistol Marksman of the Quarter; Year.
3. Highest Physical Fitness Test/Combat Fitness Test Score.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

4. Honor Graduate of Professional Military Education course of instruction.

5. Civilian Marine of the Quarter; Year.

6. Manager of the Quarter; Year.

e. Awarding of coins may also be made on a one-time/unscheduled basis only in those instances where the accomplishment is unique, and clearly contributes to the increased effectiveness or efficiency, and is not covered by the command awards program.

f. An individual will not receive two awards for the same achievement or accomplishment.

g. Subordinate Commanders may use appropriated funds for command awards upon approval by I MEF CG.

3. Scope. The point of contact regarding this policy is the I MEF AC/S G-1, at (760) 763-2557 and the AC/S G-8, at (760) 763-5553.

4. Certification. This policy letter is applicable to the I MEF Total Force.


M. L. JONES
Chief of Staff

Distribution: I/II

RCO MCI West GCPC AUTHORIZATION WORKSHEET

Requester's Name:		Call Number:		Date:	
Requesting Section: I MEF SSEC		<input type="checkbox"/> PRIORITY		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE	
Description (Make/ Model/ Part Number/ NSN)		QTY	U/I	Unit Price	Total Price
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
*Attach Continuation Sheet if more line items are needed				Sub Total	\$0.00
Full LOA:				Shipping	
FIP:				GRAND TOTAL	\$0.00
Justification for Request (attach additional sheets as needed):					
CG requires unit coins for presenting to the Marines if I MEF.					
Have the following items been checked?					
1. Are the items on the Prohibited and/or Special Attention List?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
2. Will this purchase result in a "Split Purchase"?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
3. Have the vendors been rotated for like items?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
4. Is this a furniture purchase (charis, tables, desks, etc.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If Yes, attach authorization	
5. Is this IT equipment?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If Yes, attach MARCORSSYSCOM IT waiver	
6. Is this HAZMAT?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If Yes, attached Hazardous Material authorization & MSDS	
7. Is this accountable property or a "pilferable" item?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
If Yes, has the RO been notified & recorded in accountable property log?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Have the following Mandatory Sources of Supply been screened?					
Local CMSC (Office Supplies)	https://158.238.124.86:4443/rtis/apex/f?p=108:1:2654598297214804	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
USMC Virtual ServMart (Office Supplies)	https://www.usmcservmart.gsa.gov	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
DOD Email (Office Supplies)	https://dod-email.dla.mil/acct/	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
NIB/NISH AbilityOne	http://abilityonecatalog.com/index.aspx	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
GSA Global Supply (NO Office Supplies)	http://www.gsa.gov/portal/content/104618	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
DAPS (Printing)	http://dso.documentservices.dla.mil/	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Type of order:	<input checked="" type="checkbox"/> Phone	<input type="checkbox"/> Over the Counter	<input checked="" type="checkbox"/> Other		
Inform the vendor of the following:			Required Signatures:		
Cannot charge sales tax or credit card fees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Card Holder		
Total price quoted includes all shipping charges?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Signature: _____		
Fill or Kill (NO BACK ORDERS)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Title (Print) Name (Print) Date		
No Third Party Card processor (i.e. PayPal)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Fund Manager		
Charges cannot process prior to vendor shipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Signature: _____		
Vendor Name / Address / Telephone # / Contact Person			Title (Print) Name (Print) Date		
Huber and Associates LLC			Approving Official		
6068 Graystone loop , Springfeild , OR 97478			Signature: _____		
Ralf			Title (Print) Name (Print) Date		
Ralf@hurberusa.com			Verification of Sales Receipt/Invoice and Receipt/Acceptance		
Order Information			Approving Official		
Date Ordered: _____ Actual			Signature: _____		
Est. Delivery: _____ Costs: _____			Title (Print) Name (Print) Date		
Date Received: _____					
MISC UNIT INFORMATION					

Date
ENCLOSURE (1)