CLAIM FOR TEMPORARY LODGING EXPENSE

Data required by the Privacy Act of 1974. Authority: JFTP, par U5700. Principle Purpose: To establish the amount payable for Temporary Lodging Expense Allowance. Routine Uses: Reference is used to substantiate payment of Temporary Lodging Expense Allowances. DISCLOSURE: Mandatory. Failure to provide information will result in the loss of requested revenue.

RANK	NAME(Last Name, First, MI)	SSN	Home Phone

MAILING ADDRESS (Number & Street)	City/State	Zip Code

Current Unit Assignment	Unit Phone

Marital Status (Circle One)	If Military, Spouse's SSN:	Spouse's Current Duty Station
Single Divorced Married Dual Military		

Did you stay in off post lodging: Yes or No Statement of non-availability #_____	(without an SNA# from housing you are only authorized Reimbursement for the on-post rate)

LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

NAME	RELATIONSHIP	Date of Marriage	Date of Birth

Date HHG Picked Up	Did you do a DITY move? Yes or No
Date HHG Delivered	If Yes, what date?

LODGING INFORMATION

PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM

I hereby certify that I was required to obtain temporary lodging for the following days:

DAY	Date	Location of Lodging (City & State)	Daily Lodging Costs	# Persons Claimed		
				SM	Over 12	Under 12
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Date terminated quarters (if applicable):

Date assigned quarters (if applicable):

Departure date from old duty station:

Arrival date at new duty station:

SIGNATURE OF SERVICE MEMBER DATE:

This payment will be made electronically to your current direct deposit account.

Signature of Finance Clerk: Date: Time:

DMPO INDY