

Claim for Temporary Lodging Expense

Data required by the Privacy Act of 1974 Authority: JFTR, 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 or the loss of requested revenue.

Rank	Name (last name first)	SSN	Home Phone
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Mailing Address: Number & Street	City/State	Zip Code
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Current Unit Assignment	Unit Phone
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Is Spouse Military: (CIRCLE ONE) Y or N	If Military, Spouse's SSN	Spouse's Current Duty Station
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Did you occupy lodging during this time frame: (CIRCLE ONE) Y or N	Did your dependents occupy lodging during this timeframe: (CIRCLE ONE) Y or N
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Did you stay in off post lodging: Yes or No
Statement of non-availability#

LIST DEPENDENTS THAT YOU ARE CLAIMING TLE FOR:

NAME	RELATIONSHIP	DATE OF MARRIAGE/BIRTH

Date HHG Picked Up	Did you do a DITY Move?	(circle one) Y or N
Date HHG Delivered	What Date?	

LODGING INFORMATION

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

D a y #	DATE	DAILY LODGING COSTS PAID	LOCATION OF LODGING (City & State)	COOKING FACILITIES (CIRCLE ONE)	To be completed by Finance Personnel	
					BAH	BAS
1				Y or N		
2				Y or N		
3				Y or N		
4				Y or N		
5				Y or N		
6				Y or N		
7				Y or N		
8				Y or N		
9				Y or N		
10				Y or N		

DATE TERMINATED QUARTERS (if applicable)

DATE ASSIGNED TO QUARTERS (if applicable)

DEPARTURE DATE FROM OLD DUTY STATION

ARRIVAL DATE TO NEW DUTY STATION

Signature of Service Member	Date
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PLEASE ATTACH ORIGINAL LODGING RECEIPTS AND ORDERS TO THIS REQUEST FORM.

This payment will be made electronically to your current direct deposit account.
Signature of Finance Clerk **Date:** **Time:**