

Claim for Temporary Lodging Expense

Data required by the Privacy Act of 1974 Authority: JFTR, par 05700. 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. DISCLOSURES: 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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Marital Status (circle one): Single Divorce Married Dual Military	If Military, Spouse's SSN:	Spouse's Current Duty Station
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Did you stay in off post lodging: Yes or No	(without an SNA# from housing you are only authorized reimbursement for the on-post rate)
Statement of non-availability #	

LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

Name	Relationship	Date of Marriage / Birth

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

LODGING INFORMATION
ORIGINAL LODGING RECEIPTS AND COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.

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

D A Y	Date	Daily Lodging Costs	Location of Lodging (City & State)	Cooking Facilities (circle one)	To be completed by Finance Personnel		# Persons Claimed	
					BAH / BAS		SM	Dep
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 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: