

**BI**

**TEMPORARY LODGING EXPENSES CHECKLIST**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ SSN: \_\_\_\_\_

PACIDN: **HH13VZ6A/B**

Claim for TLE (Make sure to **Sign & Date**) \_\_\_\_\_

Orders & Amendments (1 copy front & back) \_\_\_\_\_

Original Hotel Receipts \_\_\_\_\_

DD 1351-2 (1 copy) \_\_\_\_\_

Program Managers : Com: (210) 221-xxxx [ ] Mrs Sarabia – 1- 3243 [ ] Mr Gutierrez – 1-3153  
DSN: 471-xxxx [ ] Enlisted 1-5582 [ ] Ms Lara – 1-5725  
[ ] Mrs Prescott Supervisor 1-1637

**Submit this TLE Checklist, along with your In-Processing documents.  
Make a copy of In-Processing documents submitted for your records.**