

CLAIM FOR TEMPORARY LODGING EXPENSE

1. COMPLETE MEMBER INFORMATION
2. COMPLETE DAILY LODGING EXPENSE
3. MEMBER MUST SIGN STATEMENT
4. SUBMIT ALL LODGING RECIEPTS

MEMBER INFORMATION

NAME _____ GRADE _____ SSN _____

DATE OCC PERM QRTS _____

DATE HHG REC'D (IF NOT RECEIVED STATE NOT RECEIVED) _____

DAILY ITEMIZATION OF EXPENSES FOR TLE

IF MEMBER STAYED WITH FAMILY OR FRIENDS STATE WHERE AND WITH WHO UNDER LODGING
LOCATION, CITY AND STATE.

DATE	LODGING LOCATION CITY & STATE	COST PER NIGHT	# OF PERSONS		KITCHENETTE	
			MBR	DEPNS	YES	OR NO
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____

“I CERTIFY THAT (MY DEPNS AND I) (MY DEPNS) LISTED ON THIS SHEET INCURRED TEMPORARY LODGING EXPENSE ON THE INCLUSIVE DATES ABOVE AND I FURTHER CERTIFY THAT GOVERNMENT QUARTERS (WERE) OR (WERE NOT) AVAILABLE FOR USE AS TEMPORARY LODGING.”

THE ABOVE TLE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

MEMBER SIGNATURE _____ DATE _____