

# 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.

<b>RANK</b>	<b>NAME</b> (Last Name, First, MI)	<b>SSN</b>	<b>Home Phone</b>
<b>MAILING ADDRESS</b> (Number & Street)		<b>City/State</b>	<b>Zip Code</b>
<b>Current Unit Assignment</b>			<b>Unit Phone</b>

<b>Marital Status</b> (Circle One)  Single    Divorced    Married Dual Military	<b>If Military, Spouse's SSN:</b>	<b>Spouse's Current Duty Station</b>
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<b>Did you stay in off post lodging: Yes or No</b> Statement of non-availability #	<b>(without an SNA# from housing you are only authorized Reimbursement for the on-post rate)</b>
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<b>LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:</b>			
NAME	RELATIONSHIP	Date of Marriage	Date of Birth

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

**LODGING INFORMATION**

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

<b>I hereby certify that I was required to obtain temporary lodging for the following days:</b>						
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						

<b>Date terminated quarters (if applicable):</b>
<b>Date assigned quarters (if applicable):</b>
<b>Departure date from old duty station:</b>
<b>Arrival date at new duty station:</b>

<b>SIGNATURE OF SERVICE MEMBER</b>	<b>DATE:</b>
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<b>This payment will be made electronically to your current direct deposit account.</b>		
<b>Signature of Finance Clerk:</b>	<b>Date:</b>	<b>Time:</b>

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