

U.S. Department of State LQA - LIVING QUARTERS ALLOWANCE ANNUAL/INTERIM EXPENDITURES WORK SHEET (DSSR 130)

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Allowable expenses under the	Living Quarters Allowan	ce are reported here to prod	ess a claim on the	SF-1190. This work sl	neet is reproducible locally.
1. Employee Name (Last, First,	, MI)			2. Agenc	у
3. Pay Plan/Series/Grade/Ann	ual Salary			4. Date o	f Arrival (mm-dd-yyyy)
5. Current Post/Country of Ass	signment/Locality Code				
3. Guirent i Gall Godinity of Ass	significant Locality Code				
6. If Spouse or Domestic Partn	er is Employed by the U	.S. Government:			
Spouse's or Domestic Partn	er's Name		Quarters Allov	vance Received	
7. Family Domiciled at Post					
		DOB Except Spouse	Percentage of	Date of Arrival at	Residence
Name of Family Member	Relationship	or Domestic Partner (mm-dd-yyyy)	Support	Post (mm-dd-yyyy)	Address
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8. Family Domiciled Away Fron	n Post				
Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (mm-dd-yyyy)	Percentage of Support	Date of Arrival at Post (mm-dd-yyyy)	Residence Address

9. Description of Quarters (Occupied by the Emplo	yee		
Date of Quarters	Occupied (mm-dd-yyy	y) 	Quarters Size: 1 bedrooms, den,	Total rooms should include dining room, living room, kitchen, and bathrooms.
Type of Quarters	House	Apartment	Total Rooms	
Furnished	Unfurnished			
Privately Leased	Government Ov	vned or Leased	Total Useable S	equare Footage
Personally Owned			or Square Meter	rs
10. If employee shares qua	rters, give name of pe	rson(s) with whom sharing ar	nd the employing fir	rm or agency.
11. If employee rents quarte	ers from another U.S.	government employee, give ı	name of that emplo	yee and employing agency.
12. If employee lets or subl	ets portion of his owne	d or leased quarters:		
(a) Name of sublessee ar	nd employing agency o	or firm		
(b) Amount received from	sublessee			
(c) Has amount received	from sublessee been of	deducted from expenses clai	med under Block 1	6? Yes No
(d) Date let or sublet (mm	n-dd-yyyy)			

13. Employee Name (Last, First, MI)]	14. Check C	one: ated or	
LQA Expenses for the Period (mm-dd-yyyy) From	То			Actua	ıl	
15. FOR OFFICIAL USE ONLY						
Foreign currency rate used to compute expenses listed under item 16						
For personally owned quarters (POQ), date of original purchase (mm-dd-yyyy)						
Exchange rate at time of purchase						
Number of years already claimed for rent portion of LQA						
16. The following expenses were actually incurred or are estimated for the period claimed in Block 14. Expenses should be supported by lease or rental agreement receipts or canceled checks. If unobtainable, explain why under Block 17, Remark	t, Cu	(A) oreign ırrency penses	(B) U.S. Dollar Expenses	(C) For Official Use Only	(D) For Official Use Only	
Items (a) through (j) are rent and rent-related expenses						
(a) Rent, if leased; or 10% of original purchase price, if owned (Claim limit: 10 years)						
(b) Garage rental (Not to exceed 25% of maximum LQA rate)						
(c) Furniture rental (Not to exceed 25% of maximum LQA rate)						
(d) Insurance on rented property and/or furnishings required by local law to be paid by lessee						
(e) Taxes levied by the local government and required by law or custom to be paid by lessee						
(f) Land rent, if required by local law or custom (Applies only to POQ)						
(g) Agent's fee if mandatory by law or custom and is condition of obtaining lease						
(h) Apartment/Condominium fees (Excluding single family dwelling and POQ)						
(i) Interest on a loan from American Institution To finance "Key Money" paid to landlord						
(j) Appreciation fee paid directly to landlord. Must appear on lease or rental agreement						
Items (k) through (o) are utilities and utility related expenses						
(k) Heat - Gas, Fuel						
(I) Electricity						
(m) Other Heat, Fuel (specify)						
(n) Water						
(o) Garbage and Trash Disposal						
Total Expenses Claimed For This Period						

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17. Remarks	
18. For Official Use Only (DSSR 135 and 136)	
	/ithout Family")
Maximum Annual LQA Rate (DSSR 920, Plus 10%, 20%, or 30% For Addition	
Pagin Data Claimed (mm dd 1999)	End Data Claimed (mm dd ywys)
Begin Date Claimed (mm-dd-yyyy)	End Date Claimed (mm-dd-yyyy)
Number Of Days Claimed	LQA This Period
19. Employee Statement: I certify that the amounts claimed above were incosts.	urred for the period claimed or are estimated to the best of my knowledge for future
Employee's Signature	Date (mm-dd-yyyy)
Limployee's Signature	Date (IIIII-du-yyyy)

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