CLAIM FOR TEMPORARY QUARTERS SUBSISTENCE EXPENSES/FOREIGN TRANSFER ALLOWANCE (SE)

For use of this form, see ER 55-1-2; the proponent agency is CELD-T

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

THIS FORM IS FOR USE IN SUMMARIZING AND CLAIMING DAILY ACTUAL SUBSISTENCE EXPENSES INCURRED DURING OCCUPANCY OF TEMPORARY QUARTERS INCIDENT TO A TRANSFER.
SUBMIT WITH TRAVEL VOUCHER OR SUBVOUCHER (DD FORM 1351-2.)

EMPLOYEE NAME (Last, First MI.)		SSN	GRADE					
NEW DUTY STATION		DATE REPORTED FOR DUTY NEW STATION (YYYYMMDD)	DATE TQSE BEGAN (YYYYMMDD)					
DATE VACATED OLD RESIDENCE (YYYYMM	(DD)	DATE OCCUPIED NEW RESIDENCE (YYYYMMDD)						
EMPLOYEE								
DEPENDENTS	-	DEPENDENTS						
NAME(S) OF DEPENDENT(S) INCLUDED IN (CLAIM (Show only eligible n	nembers of family included in travel a	authorization).					
	INSTRU	JCTIONS						
ALL EXPENSES WILL BE ITEMIZED AND ONL FOR ALL MEALS PREPARED AT HOME.	LY ACTUAL EXPENSES CL	AIMED. HOME MEAL COST WILL I	BE ACCUMULATED AND AVERAGED					
IF EXPENSES CLAIMED ARE FOR TEMPORA (S)	RY QUARTERS OCCUPIE	D AT DIFFERENT LOCATIONS BY	THE EMPLOYEE AND DEPENDENT					
USE SEPARATE EXPENSE ITEMIZATION SHI NEW DUTY STATION LOCATION REQUIRES OCCUPANCY IS JUSTIFIED.								
IF ANY OTHER CLAIM HAS BEEN MADE FOR ATTACH COPY OF PAID VOUCHER IF CLAIM		S EXPENSES IN CONNECTION WI	TH THIS POC MOVE, EXPLAIN.					
IF SEPARATE CLAIM HAS BEEN MADE FOR IF CLAIM HAS BEEN PAID.	PCS TRAVEL FROM OLD	TO NEW DUTY STATION, EXPLAIN	. ATTACH COPY OF PAID VOUCHER					
IF OFFICIAL TEMPORARY DUTY TRAVEL WATRANSFER ALLOWANCE (SE) REIMBURSEN								
OCCUPANCY OF PERMANENT QUARTERS (PERMANENT QUARTERS.	OCCURS WHEN THE EMP	LOYEE OR ANY MEMBER OF THE	FAMILY STARTS OCCUPYING THE					
RECEIPTS ARE REQUIRED FOR QUARTERS FACILITIES ARE USED OR ANY SINGLE EXP								
REMARKS OR EXPLANATIONS								
DATE (YYYYMMDD)	SIGNATURE							

		**	TQSE**	D	AILY ITEMIZA	TION OF EXPE	NSES CLAIM	ED **	TQSE**		
DATE LODGING (YYYYMMDD) LOCATION	LODGING COST (Includes Taxes Charged)	NUMBER OF PERSONS ON TQSE		MEAL COST* (Include Tips)			LAUNDRY & DRY CLEAN		DAILY TOTAL AMT	D.O. USE ONLY	
		EMPL ONLY	DEPN	BREAK- FAST	LUNCH	DINNER	COIN	OTHER	OF CLAIM	COMPUTATIONS	
LODGING TAXES ONLY PA			PAGE	PAGE COLUMN TOTAL (each 30 day period)							
								st 30 DAY			-
SHOW "C" FO	R EACH COMI	MERCIAL ME	EAL ANI	D "H" FC	R EACH HOM	IE PREPARED	IVICAL.	2nd 30 DAY			-
							A	ADD'L 60 D	AYS = \$		-