

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT		This document contains information that is subject to the Privacy Act of 1974 and is for official use only (FOUO).	
1. SPLIT DISBURSEMENT: Pay the following amount directly to the Government Travel Card contractor: \$ <small>(Note: Any current balance on your GTC will be split-disbursed up to & including the total amount of the TLE payment.)</small>			
2. NAME (Last, First, Middle Initial)		3. GRADE	
4. SSN		5. LOSING CONUS PERMANENT DUTY STATION	
6. DATE CLEARED GOVERNMENT QUARTERS: N/A		12. GAINING CONUS PERMANENT DUTY STATION	
7. DATE OF DEPARTURE:		13. DATE OF ARRIVAL:	
8. DATE HOUSEHOLD GOODS PICKED UP:		14. DATE ASSIGNED GOVERNMENT QUARTERS: N/A	
9. DATES OF LODGING: TO 		15. DATE HOUSEHOLD GOODS DELIVERED:	
<small>For blocks 9-11, fill out one for every different occurrence</small> TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$		<small>For blocks 16-18, fill out one for each different occurrence</small> 16. DATES OF LODGING: TO TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS - # DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DPES: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$	
10. DATES OF LODGING: TO TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$		17. DATES OF LODGING: TO TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS - # DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DPES: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$	
11. DATES OF LODGING: TO TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$		18. DATES OF LODGING: TO TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS - # DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DPES: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$	
19. ARE MARRIED TO ANOTHER MILITARY MEMBER? (Check if Yes) IF YES, NAME OF MILITARY SPOUSE: _____ SSN OF MILITARY SPOUSE: _____			
20. NOTES: * If gaining station is OCONUS, reimbursement is limited to 5 days. * Reimbursement at or between CONUS stations is limited to 10 days. * Any off-base lodging receipt submitted without a Non-A will be limited to the available billeting room rate for member & number of dependents.		21. CLAIMANT SIGNATURE DATE 	
22. FSO USE ONLY - DATE RECEIVED:			