

TEMPORARY LODGING EXPENSE CERTIFICATE

Name: _____ SSN: _____ - _____ - _____ Date: _____

Order No: _____ Effective Date of Order: _____

Last Permanent Duty Station (LPDS) and Homeport: _____

New Permanent Duty Station (NPDS) and Homeport: _____

Date Detach Old PDS: _____ Date Report New PDS: _____

Dependent(s) Information Claiming TLE:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	<u>Spouse</u>	<u>N/A</u>
_____	<u>Son/Daughter</u>	_____

Is spouse in military? Yes or No If yes, spouses SSN: _____ - _____ - _____

Lodging Information:

DATE	LODGING LOCATION	COST	NUMBER OF PERSONS			FACILITIES AVAIL FOR PREP OF MEALS		STAYING WITH FRIEND OR RELATIVES	
			MBR	SPOUSE	CHILD	YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO

Use of available Government quarters is **required** including temporary lodging facilities in the area of the old or new PDS.

If Government quarters are not available, the member's certification is required to support the claim. To be reimbursed for commercial lodging when Government quarters are not available members must also sign the statement at the bottom of this form.

TLE ENTITLEMENT: Total of ten days, at either old or new PDS, authorized on CONUS to CONUS PCS, ten days for OCONUS to CONUS PCS, and five days for CONUS to OCONUS PCS.

Signature: _____ Date: _____