CLAIM FOR TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE) (SUB-VOUCHER)

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Sections 5701, 5724; 2 JTR Ch. 5, Part H; 5 U.S.C. Section 301, Departmental regulations; DoDFMR 7000.14, 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.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001; and Title 31, Section 3729).

1. **EMPLOYEE NAME** *(Last, First, Middle Initial)*	2. **SOCIAL SECURITY NUMBER**	3. **GRADE**

4. **NEW DUTY STATION**	5. **DATE REPORTED FOR DUTY** *(YYYYMMDD)*

6. **DATE VACATED OLD RESIDENCE:** *(YYYYMMDD)*		7. **DATE OCCUPIED NEW RESIDENCE:** *(YYYYMMDD)*	
a. EMPLOYEE	b. DEPENDENTS	a. EMPLOYEE	b. DEPENDENTS

8. **NAME(S) OF DEPENDENT(S) INCLUDED IN CLAIM** *(Last, First, Middle Initial) (Show only eligible members of family included in travel authorization (DD 1614).)*

INSTRUCTIONS

All expenses will be itemized and only actual expenses claimed. Home meal cost will be accumulated and averaged for all meals prepared at home.

If expenses claimed are for temporary quarters occupied at different locations by the employee and dependent(s), use separate expense itemization sheets for each location. Temporary quarters occupied at other than the old or new duty station location requires approval by the order approving official based on a determination that such occupancy is justified.

If any other claim has been made for temporary quarters expenses in connection with this PCS move, explain. Attach copy of paid voucher if claim has been paid.

If separate claim has been made for PCS travel from old to new duty station, explain. Attach copy of paid voucher if claim has been paid.

If official temporary duty travel was performed during the temporary quarters subsistence expense or foreign allowance reimbursement claim period, explain. Attach copy of paid voucher if claim has been paid.

Occupancy of permanent quarters occurs when the employee or any member of the family starts occupying the permanent quarters.

Receipts are required for lodging expenses and any single expense of $75.00 or more to include meal expense for one or more individuals.

ADDITIONAL NOTES:

9. WORKSHEET

a. DAY	b. DATE *(YYYYMMDD)*	c. PERSONS		d. LODGING*		e. MEAL COST *(Including tips)*						f. LAUNDRY***		g. DAILY TOTAL AMOUNT
		Emp	Dep	City and State	Cost	**	Breakfast	**	Lunch	**	Dinner	Coin	Other	
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h. TOTALS FOR THIS PERIOD														

NOTES:

* Receipts are required for lodging expenses and any single expense of $75.00 or more to include any meal expense for one or more individuals.

** Indicate in box, type of meal. Enter "C" for commercial meals, "H" for home prepared meals.

*** Laundry: Coin - cost of washer/dryers, laundry soaps, etc. Other - dry cleaning expenses.

10. EMPLOYEE SIGNATURE	**11. DATE** *(YYYYMMDD)*

12. REMARKS *(Use this space for additional explanations. Show periods of TDY or other deviations during period of temporary quarters.)*