

<b>TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT</b>		This document contains information that is subject to the Privacy Act of 1974 and is for official use only (FOUO).	
Note: Please annotate split disbursement amount on the DD 1351-2, Travel Voucher.			
1. NAME (Last, First, Middle Initial)		2. GRADE	3. SSN
4. LOSING CONUS PERMANENT DUTY STATION		8. GAINING CONUS PERMANENT DUTY STATION	
5. DATE CLEARED PERMANENT QUARTERS:		9. DATE OF ARRIVAL:	
6. DATE OF DEPARTURE:		10. DATE ASSIGNED PERMANENT QUARTERS:	
7. HHGS SHIPPED: NO: ___ YES: ___ DTE SHIPPED: ___		11. HHGS DELIVERED: NO: ___ YES: ___ DTE DELIVERED: ___	
<p>For blocks 12-15, fill out one for every different occurrence</p> <p>12. DATES OF LODGING: _____ TO _____</p> <p>TLE CLAIM FOR:</p> <p><input type="checkbox"/> MEMBER ONLY</p> <p><input type="checkbox"/> MEMBER &amp; DEPENDENTS-# DEPS: ____</p> <p><input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____</p> <p>PLACE OF LODGING:</p> <p><input type="checkbox"/> BILLETING</p> <p><input type="checkbox"/> OFF-BASE</p> <p>(Non-Availability Statement required)</p> <p><input type="checkbox"/> WITH FRIENDS OR FAMILY</p> <p>COST PER NIGHT: \$ _____</p>		<p>14. DATES OF LODGING: _____ TO _____</p> <p>TLE CLAIM FOR:</p> <p><input type="checkbox"/> MEMBER ONLY</p> <p><input type="checkbox"/> MEMBER &amp; DEPENDENTS -# DEPS: ____</p> <p><input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____</p> <p>PLACE OF LODGING:</p> <p><input type="checkbox"/> BILLETING</p> <p><input type="checkbox"/> OFF-BASE</p> <p>(Non-Availability Statement required)</p> <p><input type="checkbox"/> WITH FRIENDS OR FAMILY</p> <p>COST PER NIGHT: \$ _____</p>	
<p>13. DATES OF LODGING: _____ TO _____</p> <p>TLE CLAIM FOR:</p> <p><input type="checkbox"/> MEMBER ONLY</p> <p><input type="checkbox"/> MEMBER &amp; DEPENDENTS-# DEPS: ____</p> <p><input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____</p> <p>PLACE OF LODGING:</p> <p><input type="checkbox"/> BILLETING</p> <p><input type="checkbox"/> OFF-BASE</p> <p>(Non-Availability Statement required)</p> <p><input type="checkbox"/> WITH FRIENDS OR FAMILY</p> <p>COST PER NIGHT: \$ _____</p>		<p>15. DATES OF LODGING: _____ TO _____</p> <p>TLE CLAIM FOR:</p> <p><input type="checkbox"/> MEMBER ONLY</p> <p><input type="checkbox"/> MEMBER &amp; DEPENDENTS -# DEPS: ____</p> <p><input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____</p> <p>PLACE OF LODGING:</p> <p><input type="checkbox"/> BILLETING</p> <p><input type="checkbox"/> OFF-BASE</p> <p>(Non-Availability Statement required)</p> <p><input type="checkbox"/> WITH FRIENDS OR FAMILY</p> <p>COST PER NIGHT: \$ _____</p>	
16. I AM MARRIED TO ANOTHER MILITARY MEMBER? YES ___ NO ___			
IF YES, NAME OF MILITARY SPOUSE:		SSN OF MILITARY SPOUSE:	
17. NOTES:		18. CLAIMANT SIGNATURE _____ DATE _____	
<p>* If gaining station is OCONUS, reimbursement is limited to 5 days.</p> <p>* Reimbursement at or between CONUS stations is limited to 10 days.</p> <p>* Any off-base lodging receipt submitted without a Non-A will be limited to the available billeting room rate for member &amp; number of dependents.</p>		19. FSO USE ONLY - DATE RECEIVED: _____	

Updated 5 September 2014