

**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).

Note: For split disbursement amount reference the attached Travel Voucher (DD 1351-2)

<b>1. NAME</b> (Last, First, Middle Initial)		<b>2. GRADE</b>	<b>3. SSN</b>
<b>4. LOSING CONUS PERMANENT DUTY STATION</b>		<b>8. GAINING CONUS PERMANENT DUTY STATION</b>	
<b>5. DATE CLEARED GOVERNMENT QUARTERS:</b>		<b>9. DATE ASSIGNED GOVERNMENT QUARTERS:</b>	
<b>6. DATE OF DEPARTURE:</b>		<b>10. DATE OF ARRIVAL:</b>	
<b>7. DATE HOUSEHOLD GOODS PICKED UP:</b>		<b>11. DATE HOUSEHOLD GOODS DELIVERED:</b>	
<p>For blocks 12-15, fill out one for every different occurrence</p> <p><b>12. DATES OF LODGING:</b> _____ TO _____</p> <p><b>TLE CLAIM FOR:</b></p> <p><input type="checkbox"/> <b>MEMBER ONLY</b></p> <p><input type="checkbox"/> <b>MBR &amp; DEPENDENTS -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><input type="checkbox"/> <b>DEPENDENTS ONLY -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><b>PLACE OF LODGING:</b></p> <p><input type="checkbox"/> <b>BILLETING</b></p> <p><input type="checkbox"/> <b>OFF-BASE</b> (Non-Availability Statement required)</p> <p><input type="checkbox"/> <b>WITH FRIENDS OR FAMILY</b></p> <p><b>COST PER NIGHT INCLUDING TAX: \$</b> _____</p>		<p><b>14. DATES OF LODGING:</b> _____ TO _____</p> <p><b>TLE CLAIM FOR:</b></p> <p><input type="checkbox"/> <b>MEMBER ONLY</b></p> <p><input type="checkbox"/> <b>MBR &amp; DEPENDENTS -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><input type="checkbox"/> <b>DEPENDENTS ONLY -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><b>PLACE OF LODGING:</b></p> <p><input type="checkbox"/> <b>BILLETING</b></p> <p><input type="checkbox"/> <b>OFF-BASE</b> (Non-Availability Statement required)</p> <p><input type="checkbox"/> <b>WITH FRIENDS OR FAMILY</b></p> <p><b>COST PER NIGHT INCLUDING TAX: \$</b> _____</p>	
<p><b>13. DATES OF LODGING:</b> _____ TO _____</p> <p><b>TLE CLAIM FOR:</b></p> <p><input type="checkbox"/> <b>MEMBER ONLY</b></p> <p><input type="checkbox"/> <b>MBR &amp; DEPENDENTS -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><input type="checkbox"/> <b>DEPENDENTS ONLY -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><b>PLACE OF LODGING:</b></p> <p><input type="checkbox"/> <b>BILLETING</b></p> <p><input type="checkbox"/> <b>OFF-BASE</b> (Non-Availability Statement required)</p> <p><input type="checkbox"/> <b>WITH FRIENDS OR FAMILY</b></p> <p><b>COST PER NIGHT INCLUDING TAX: \$</b> _____</p>		<p><b>15. DATES OF LODGING:</b> _____ TO _____</p> <p><b>TLE CLAIM FOR:</b></p> <p><input type="checkbox"/> <b>MEMBER ONLY</b></p> <p><input type="checkbox"/> <b>MBR &amp; DEPENDENTS -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><input type="checkbox"/> <b>DEPENDENTS ONLY -</b> # Deps over 12: _____ # Deps under 12: _____</p> <p><b>PLACE OF LODGING:</b></p> <p><input type="checkbox"/> <b>BILLETING</b></p> <p><input type="checkbox"/> <b>OFF-BASE</b> (Non-Availability Statement required)</p> <p><input type="checkbox"/> <b>WITH FRIENDS OR FAMILY</b></p> <p><b>COST PER NIGHT INCLUDING TAX: \$</b> _____</p>	
<b>16. ARE MARRIED TO ANOTHER MILITARY MEMBER?</b>		<b>SSN OF MILITARY SPOUSE:</b>	
IF YES, NAME OF MILITARY SPOUSE: _____			
<b>17. NOTES:</b>		<b>18. CLAIMANT SIGNATURE</b> _____	
<p>* If gaining station is OCONUS, reimbursement is limited to 5 days. * Reimbursement at or between CONUS stations is limited to 10 days.</p>		<b>DATE</b> _____	
<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. DO NOT USE THIS FORM: 1) If filing for Temporary Lodging Allowance (TLA) from an OCONUS Location (this is done via your local Finance Office -OR- 2) If filing for reimbursement of arrival/departure port lodging (This is filed on the Travel Voucher)</p>		<b>19. FSO USE ONLY - DATE RECEIVED:</b> _____	