

<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.			
<b>1. NAME</b> (Last, First, Middle Initial)		<b>2. GRADE</b>	<b>3. SSN</b>
<b>4. LOSING</b> CONUS PERMANENT DUTY STATION		<b>8. GAINING</b> CONUS PERMANENT DUTY STATION	
<b>5. DATE CLEARED PERMANENT QUARTERS:</b>		<b>9. DATE OF ARRIVAL:</b>	
<b>6. DATE OF DEPARTURE:</b>		<b>10. DATE ASSIGNED PERMANENT QUARTERS:</b>	
<b>7. HHGS SHIPPED: NO: YES: DTE SHIPPED:</b>		<b>11. HHGS DELIVERED: NO: YES: DTE DELIVERED:</b>	
For blocks 12-15, fill out one for every different occurrence			
<b>12. DATES OF LODGING: _____ TO _____</b> <b>TLE CLAIM FOR:</b> <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: __ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: __ <b>PLACE OF LODGING:</b> <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY <b>COST PER NIGHT: \$</b>		<b>14. DATES OF LODGING: _____ TO _____</b> <b>TLE CLAIM FOR:</b> <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS -# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ <b>PLACE OF LODGING:</b> <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY <b>COST PER NIGHT: \$</b>	
<b>13. DATES OF LODGING: _____ TO _____</b> <b>TLE CLAIM FOR:</b> <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: __ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: __ <b>PLACE OF LODGING:</b> <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY <b>COST PER NIGHT: \$</b>		<b>15. DATES OF LODGING: _____ TO _____</b> <b>TLE CLAIM FOR:</b> <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS -# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ <b>PLACE OF LODGING:</b> <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY <b>COST PER NIGHT: \$</b>	
<b>16. I AM MARRIED TO ANOTHER MILITARY MEMBER? YES ___ NO ___</b>			
IF YES, NAME OF MILITARY SPOUSE:		SSN OF MILITARY SPOUSE:	
<b>17. NOTES:</b>		<b>18. CLAIMANT SIGNATURE</b> <b>DATE</b>	
* 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.		<b>19. FSO USE ONLY - DATE RECEIVED:</b>	

Updated 5 September 2014