TEN	IPORARY QU	ARTERS EXPEN	SE REPOR	RT		
1. EMPLOYEE NAME (First, Middle, Last)				2. TRAVEL AUTHORIZATION NUMBER		
3. WHICH 30 DAY INCREMENT IS THIS CLAIM FOR	? (Check one)			1		
1st 30 DAYS 2nd 30	2nd 30 DAYS 3rd 30 DAYS			4th 30 DAYS		
4. OCCUPANT	NO. OF PERSONS	INCLUSIVE DATES	NO. OF DAYS	DAILY RATE	MAXIMUM TOTAL ALLOWANCE	
EMPLOYEE						
SPOUSE						
OTHER FAMILY MEMBER						
(12 years or older)						
FAMILY MEMBER						
(under 12 years)						
				TOTAL \$		
<ol> <li>ITEMIZE DAILY EXPENSES ON PAGE 2 OF THIS COIN OPERATED LAUNDRY OR DRY CLEANING IF MEALS ARE TAKEN SEPARATELY, YOU MUS</li> </ol>	FACILITIES ARE USE	AND ANY MEAL COSTING	OVER \$25, RE	GARDLESS OF	THE NUMBER OF PEOPLE.	
		AL ITEMIZED EXPENS		\$		
<ol> <li>ENTER THE LESSOR OF THE MAXIMUM TOTAL EXPENSES (Line 5). ENTER THIS AMOUNT ON</li> </ol>	•					
EXPENSES (Line 3). ENTER THIS AMOUNT ON	THE ACCOMPANTIN	d 3F 1012, THAVEL VOOC	FILM.	\$		
7. LOCATION OF TEMPORARY QUARTERS (Name of	of establishment, stre	et address, city, state)				
NOTE: IF EMPLOYEE OCCUPIES TEMPORARY QUAI ANOTHER LOCATION, A SEPARATE GSA 2511 SHO						
REMARKS						
	PRI	VACY ACT OF 1974				

furnish the requested information; however, we will not be able to reimburse you for your expenses.

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine your eligibility for and amount to reimburse you for expenses incurred in connection with permanent change of station travel. Information may be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not

	TEMPORARY QU	ARTERS EXPEN	SE REPO	RT		
1. EMPLOYEE NAME (First, Middle, Last)				2. TRAVEL AUTHORIZATION NUMBER		
3. WHICH 30 DAY INCREMENT IS THIS CLAIM	A FOR? (Check one)					
1st 30 DAYS 2	nd 30 DAYS	3rd 30 DAYS	i	4th	30 DAYS	
4. OCCUPANT	NO. OF PERSONS	INCLUSIVE DATES	NO. OF DAYS	DAILY RATE	MAXIMUM TOTAL ALLOWANCE	
EMPLOYEE						
SPOUSE						
OTHER FAMILY MEMBER						
(12 years or older)						
FAMILY MEMBER						
(under 12 years)						
				TOTAL \$		
<ol> <li>ITEMIZE DAILY EXPENSES ON PAGE 2 OF COIN OPERATED LAUNDRY OR DRY CLEA IF MEALS ARE TAKEN SEPARATELY, YOU</li> </ol>	NING FACILITIES ARE USE	AND ANY MEAL COSTING	G OVER \$25, RE	GARDLESS OF 1	THE NUMBER OF PEOPLE.	
	ТОТА	L ITEMIZED EXPENS	SES PAGE 2	\$		
6. ENTER THE LESSOR OF THE MAXIMUM T						
EXPENSES (Line 5). ENTER THIS AMOUN	T ON THE ACCOMPANYING	S SF 1012, TRAVEL VOU	CHER.	\$		
7. LOCATION OF TEMPORARY QUARTERS (/	Vame of establishment, stree	et address, city, state)				
NOTE: IF EMPLOYEE OCCUPIES TEMPORARY						
ANOTHER LOCATION, A SEPARATE GSA 2517	I SHOULD BE MAINTAINED	FOR EACH LOCATION A	ND THEN COME	SINED INTO A SU	JMMARY GSA FORM 2511.	
REMARKS						
	PRIV	ACY ACT OF 1974				

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine your eligibility for and amount to reimburse you for expenses incurred in connection with permanent change of station travel. Information may be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we will not be able to reimburse you for your expenses.

	TEN	IPORARY QU	JARTERS EXPEN	SE REPOI	RT		
1. EMPLOYEE NAME (First, Middle, Last)					2. TRAVEL AUTHORIZATION NUMBER		
3. WHICH 30 DAY INCREMENT IS	THIS CLAIM FOR	? (Check one)					
1st 30 DAYS	2nd 30	DAYS	3rd 30 DAYS		4th 30 DAYS		
4. OCCUPAN	Γ	NO. OF PERSONS	INCLUSIVE DATES	NO. OF DAYS	DAILY RATE	MAXIMUM TOTAL ALLOWANCE	
EMPLOYEE							
SPOUSE							
OTHER FAMILY MEMBER							
(12 years or older)							
FAMILY MEMBER							
(under 12 years)							
					TOTAL \$		
<ol> <li>ITEMIZE DAILY EXPENSES ON COIN OPERATED LAUNDRY OF IF MEALS ARE TAKEN SEPARA</li> </ol>	R DRY CLEANING	FACILITIES ARE USE	AND ANY MEAL COSTING	OVER \$25, RE	GARDLESS OF	THE NUMBER OF PEOPLE.	
		TOTA	AL ITEMIZED EXPENS	ES PAGE 2	\$		
6. ENTER THE LESSOR OF THE M	MAXIMUM TOTAL				۶		
EXPENSES (Line 5). ENTER TH	HIS AMOUNT ON T	THE ACCOMPANYIN	G SF 1012, TRAVEL VOUC	HER.	\$		
7. LOCATION OF TEMPORARY Q	WARTERS (Name o	of establishment, stre	eet address, city, state)				
NOTE: IF EMPLOYEE OCCUPIES T ANOTHER LOCATION, A SEPARAT							
REMARKS							
		PRI	VACY ACT OF 1974				

## GENERAL SERVICES ADMINISTRATION

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine your eligibility for and amount to reimburse you for expenses incurred in connection with permanent change of station travel. Information may be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not

furnish the requested information; however, we will not be able to reimburse you for your expenses.