



FOR USE BY DEPARTMENT OF STATE EMPLOYEES ONLY

SUBSISTENCE EXPENSE ALLOWANCE APPLICATION (SEA)

SECTION I - EMPLOYEE INFORMATION AND SAFE HAVEN ADDRESS

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR SEA ELIGIBILITY.

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Street Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_
City, County, State and Zip Code \_\_\_\_\_

Please include your county as this is used to determine per diem rates in some locations. Also, include the country for an approved alternative safe haven.

Evacuated Post \_\_\_\_\_ In care of (Optional) \_\_\_\_\_

\*Telephone (w) \_\_\_\_\_ (h) \_\_\_\_\_

\*This may be cell phone, hotel phone, relative or other contact. This will help facilitate processing your application.

EMPLOYMENT INFORMATION: (PLEASE CHECK ONE)

Department of State employee [ ]

Other (explain) [ ] \_\_\_\_\_

\*\*Department of State tandem couple, provide other employee's name [ ] \_\_\_\_\_

\*\* (Note: Children must be placed on evacuating spouse's orders.)

SECTION II - TRAVEL EN ROUTE INFORMATION

Did you or an EFM (Eligible Family Member) incur any lodging expenses while en route to your safe haven?

Yes [ ] No [ ] If yes, explain \_\_\_\_\_

SECTION III - EVACUEES CLAIMING SUBSISTENCE EXPENSE ALLOWANCE

If additional space is needed, please use a separate page and note "see attached page".

Table with 5 columns: Evacuee Name, Relationship to the employee, Date of Birth (children only), Departure Date, Arrival Date at safe haven.

SECTION IV - REQUIRED DOCUMENT CHECKLIST

Please initial that you have included each document below. Fax copies are acceptable but original documentation, paid receipts and airline tickets must be mailed to the address at the bottom of the form before any additional payments are made.

Table with 2 columns: Document type (Airline Tickets/Travel Orders, Hotel receipts, Taxi receipts, Travel advance) and Initials.

PLEASE CHECK ONE

[ ] I certify that I am in a regular duty status and my EFMs are not receiving SMA or TSMA from any Federal agencies.

[ ] I am not in a regular duty status, my status is \_\_\_\_\_

**SECTION V - BANKING INFORMATION**

Note: For a savings account, please complete all sections. For checking, attach a copy of a voided check or a deposit slip in the section and check the bank account type below. Please select a bank account which can be accessed directly.

Name on account	
Name of bank	
Account number	
Bank routing number	
Street address	
City, State, ZIP Code	
Bank account type (check one)	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

**SECTION VI - ACCOMMODATIONS AT SAFE HAVEN (CHECK ONE)**

Commercial  Non-commercial (paid lodging receipt or lease are required for commercial status)

**SECTION VII - AIRFREIGHT REPLACEMENT ALLOWANCE**

Yes (I am eligible) - (UAB) Unaccompanied air baggage was not shipped from post to safe haven.  
 No (I am not eligible) - Post shipped (UAB) Unaccompanied air baggage to your safe haven.

**SECTION VIII - CERTIFICATION STATEMENT**

I certify that all statements in this form are true, correct and complete. If the employee's status changes at any time while on evacuation orders, I will notify the Family Liaison Office and the Central Allotment Evacuation Accountant of the new status immediately. I also understand that the employee is responsible for re-paying any balance due as a result of change in status, i.e. Permanent Change of Station, Home Leave, Temporary Duty, R & R, and Medical or early termination of evacuation. I will mail all original paid receipts for lodging, taxi, allowed excess luggage fees, airport taxes and airline ticket stubs.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm-dd-yyyy)

**THIS FORM SHOULD BE SIGNED BY THE EMPLOYEE OR THE ADULT DEPENDENT SIGNING ON BEHALF OF THE EMPLOYEE**

**Mail all originals to:**

Department of State, Global Financial Operations  
 Charleston Financial Services Center  
 P.O. Box 150008  
 RM/GFS/F/AO/AA/CAA  
 Charleston, SC 29415-5008

**Central Allotment Evacuation  
 Sherry Howard, 843-746-0722**

HowardSA@state.gov  
 Fax, 843-202-3803

**Express Mail**

Department of State, Global Financial Operations  
 Charleston Financial Services Center  
 1969 Dyess Avenue  
 RM/GFS/F/AO/AA/CAA  
 Charleston, SC 29405

**Family Liaison Officer/EMail/Fax  
 Naomi Ritchie, 202-647-3179**

RitchieNF@state.gov  
 Fax, 202-647-1670

**PRIVACY ACT INFORMATION**

**Authorities:** The information solicited on this form is requested pursuant to 5 U.S.C. 5523, 5 U.S.C. 5527, and pursuant to Executive Order numbers 10903 (as amended) and 10982 (as amended). Your Social Security number is solicited pursuant to Executive Order 9397.

**Purpose:** The information that you furnish is necessary to process advance payments of SEA (Subsistence Expense Allowance) for evacuated post employees and their eligible family members, and to record and maintain costs of such payments made by the Department of State (DOS).

**Routine Uses:** In the event of a violation or potential violation of law, we may disclose information collected in this form to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto.

**Disclosure:** Provisions of the information requested on this form, including your social security number, is voluntary; however, failure to provide the information requested on this form may result in non-payment of (SEA) Subsistence Expense Allowance.