CLAIM FOR TEMPORARY QUARTERS SU (AK REG 6)		(TQSA)
PRIVACY ACT		
 AUTHORITY: Title 5, United States Code, section 5922 and executive order 9. PRINCIPAL PURPOSE: To determine employee eligibility and appropriate ar ROUTINE USE: None Disclosure of requested information is voluntary, however, if in 	397. nounts of Temporary Quarters Subsisten	
EMPLOYEE NAME:	SSN:	GRADE:
DATE EMPLOYEE ARRIVED/DEPARTED FOREIGN POST	DATE TQSA BEGAN	
DATE FAMILY MEMBER(S) ARRIVED/DEPARTED FOREGIN POST	NEW DUTY STATION	
DATE OCCUPIED/VACATED	PERMANENT QUARTERS	
EMPLOYEE		MEMBERS
NAME(S) OF FAMILY MEMBER(S) INCLUDED IN CLAIM (Show only eligible n	nembers of family included in travel author	
Complete claim on SF 1190 and submit to the Civilian Personnel C		s. Itemize all expenses.
Submit receipts for quarters expenses and laundry and dry cleaning	g costs other than when coin op	perated facilities are used.
Submit receipts for any individual meal which exceeds \$10 for Bre	akfast, \$10 for Lunch and \$15 for	Dinner (less tip).
If expenses are claimed for temporary quarters occupied at differe expense itemization sheet for each location.	nt locations by the employee and	d family members use a separate
Occupancy of permanent quarters occurs when the employee or a	ny member of the family starts o	occupying the permanent quarters.
REMARKS OR E	XPLANATION	
EMPLOYEE SIGNATURE		DATE
EMPLOYEE SIGNATURE		DATE

NAME:		GRADE: SSN:						\$1 U.S. Equal W					
ORGANIZ/	ATION:									OFFICE	TEL #:		
DATE	LODGING LOCATION	LODGING COST		NO. OF PERS			**M	**MEAL COST (INCLUDE TIPS)		LUDE	TOTAL	*LAUNDRY & DRY CL	
		WON	DOLLAR	MBR	DEP	AGE	BREA FAS	۱K-	LUNCH	DINNER	(MEAL COST)	COIN	OTHER
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NOTE: * Submit receipts or other appropriate documentation for the daily cost of temporary quarters laundry/dry cleaning, and for any individual meal (less tip) which is over \$10 for Breakfast, \$10 for Lunch and \$15 for Dinner.

^{**} Show "C" for each commercial meal and "H" for each home prepared meal.