1. AUTHORITY: Title 5, United States Code, section 5922 and executive order 9397.
2. PRINCIPAL PURPOSE: To determine employee eligibility and appropriate amounts of Temporary Quarters Subsistence Allowance (TQSA).
3. ROUTINE USE: None
4. DISCLOSURE: Disclosure of requested information is voluntary, however, if information is not provided the employee will be denied TQSA.

| EIMPLOYEE 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 | FAMILY MEMBERS |  |
| NAME(S) OF FAMILY MEMBER(S) INCLUDED IN CLAIM | embers of family included in travel authorization) |  |

## INSTRUCTIONS

Complete claim on SF 1190 and submit to the Civilian Personnel Office. Claim only actual expenses. Itemize all expenses.

Submit receipts for quarters expenses and laundry and dry cleaning costs other than when coin operated facilities are used.

Submit receipts for any individual meal which exceeds $\$ 10$ for Breakfast, $\$ 10$ for Lunch and $\$ 15$ for Dinner (less tip).
If expenses are claimed for temporary quarters occupied at different locations by the employee and family members use a separate expense itemization sheet for each location.

Occupancy of permanent quarters occurs when the employee or any member of the family starts occupying the permanent quarters.


| date | Looging location | Looging cost |  | No. of pers |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | won | Dolar | MBR | DEP | AGE | ${ }^{\text {BREAS }}$ |  | Uncr | DINVER |  | con | оדнеR |
|  |  |  |  |  |  | ${ }_{12-1}^{12+1}$ |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ${ }_{\substack{12+1 \\ 12-1}}^{\substack{2+1}}$ |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ${ }_{\substack{2 \\ 122-1}}^{12+1}$ |  |  |  |  |  |  |  |
|  |  |  |  |  |  | (12+1 |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ${ }_{\substack{12+1 \\ 12+1}}^{12+1}$ |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ${ }_{\substack{2 \\ 12+1 \\ 12+1}}^{12+1}$ |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | ${ }_{12}^{12+1}$ |  |  |  |  |  |  |  |
|  |  |  |  |  |  | (12+1 |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | ${ }_{\substack{12+1 \\ 12+1}}^{12+1}$ |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | (12) |  |  |  |  |  |  |  |
|  |  |  |  |  |  | $\left.\right\|_{12} ^{12+1}$ |  |  |  |  |  |  |  |

DATE
SIGNATURE
Add'l 60 days = \$

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.

