



## LIVING QUARTERS ALLOWANCE COMPUTATION WORKSHEET ANNUAL REVIEW

### PART I

This form is provided to all U. S. Civilian Employees receiving Living Quarters Allowance for use in recording all housing costs. In DOD Standardized Regulations, it is suggested this form be completed as follows:

1. Fill out on a monthly basis
2. Must be submitted on any of the following occasions: (a) Initial Reconciliation; (b) 12-month anniversary following a change of quarters; or (c) At request of employee or management

### PART II - To be completed by employee:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Activity: \_\_\_\_\_

SSN: \_\_\_\_\_ No. of Dependents at Post: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_ (as applicable)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_

#### Monthly Expenditures for Allowable Expenses (Express in currency the expense was paid i.e., Euro or Dollars)

Month/Yr	Rent	Electric	Heat (gasolio)	Water (Not bottled)	Garage	Gas (bombola)	Other*
JAN __							
FEB __							
MAR __							
APR __							
MAY __							
JUN __							
JUL __							
AUG __							
SEP __							
OCT __							
NOV __							
DEC __							
<b>TOTAL</b>							

If PCSing provide forwarding address: \_\_\_\_\_

and new office phone & fax (DSN & Comm) \_\_\_\_\_

\* Expenses should be numbered and explained on a separate sheet of paper.

Falsification or misrepresentation of an item in a claim may result in forfeiture of the entire claim as provided in 28 U.S.C. 2514, as well as removal from employment in the federal service.

### **EMPLOYEE STATEMENT**

I certify that the information given on the application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date