

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps

**CLAIM FOR TEMPORARY LODGING ALLOWANCE (TLA)
(Under the Provision of JFTR PARA U9200)**

To: Commissioned Corps Headquarters
ATTN: Financial Services Branch
1101 Wootton Parkway, Suite 300
Rockville, MD 20852

FOR DCCPR USE

IDENTIFICATION

NAME	SSN	GRADE
DUTY STATION	AUTHORITY FOR TRAVEL Personnel Order Number	
Duty Phone	Date of Order (mm/dd/yyyy) Effective Date (mm/dd/yyyy)	

PURPOSE OF CLAIM (complete one)

Request to use temporary lodging facilities upon arrival at my permanent overseas duty location. Duty arrived (mm/dd/yyyy)	Required to use temporary lodging facilities immediately prior to departure from my permanent overseas duty location. Date departed (mm/dd/yyyy)
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PERIOD OF CLAIM

Request for payment for _____ days TLA. This claim is for the period (mm/dd/yyyy) _____ through (mm/dd/yyyy) _____.

Previous claims have been submitted under the travel authority indicated above for the following periods

(1) From (mm/dd/yyyy) through (mm/dd/yyyy)	(2) From (mm/dd/yyyy) through (mm/dd/yyyy)
(3) From (mm/dd/yyyy) through (mm/dd/yyyy)	(4) From (mm/dd/yyyy) through (mm/dd/yyyy)
(5) From (mm/dd/yyyy) through (mm/dd/yyyy)	(6) From (mm/dd/yyyy) through (mm/dd/yyyy)

OCCUPANTS OF TEMPORARY LODGING

TLA is requested (check one) for member only; for member and dependents; for dependents only.

Occupants of temporary lodging other than member

NAME	RELATIONSHIP TO SPONSOR	DATE OF BIRTH (mm/dd/yyyy)	DATE OF ARRIVAL (mm/dd/yyyy)	PROJECTED DATE OF DEPARTURE

TYPE OF LODGING (check one)

Lodging without facilities for preparing and consuming meals. Lodging with facilities for preparing and consuming meals.

COST OF LODGING (attach receipts)

Total cost of lodging for period of this claim \$ Exchange rate if paid in foreign currency:	Name and location of lodging facilities
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STATEMENT OF MEMBER

I certify the information submitted above is true and correct. I further understand that I must diligently seek permanent housing and that my unexcused failure to comply with this requirement will cause forfeiture of my entitlement to temporary lodging allowance.

SIGNATURE	DATE (mm/dd/yyyy)
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STATEMENT OF MEMBER'S SUPERVISOR

I certify that member and his/her dependents were required to reside in temporary lodging for the period indicated above.

SIGNATURE	DATE (mm/dd/yyyy)
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PRIVACY ACT NOTIFICATION STATEMENT: Form PHS-488 "Claim for Temporary Lodging Allowance (TLA)"

RECORDS SYSTEMS: 09-40-0010, "Pay, Leave and Attendance Records," HHS/PSC/HRS.

AUTHORITY FOR COLLECTING INFORMATION: 37 USC 405, Pay and Allowances of Uniformed Services Per Diem Outside CONUS, Alaska and Hawaii.

PURPOSE AND USE: The principal purpose for requesting this information is to claim payment of the temporary lodging allowances incident to occupancy of temporary lodging while on duty overseas. The form is used to itemize daily expenses incurred and as a supporting document for the payment of the allowance. The Form is sent by officer directly to Commissioned Corps Headquarters, ATTN: Financial Services Branch, 1101 Wootton Parkway, Suite 300, Rockville, MD 20852 (Phone: (246) 276-8799). The form is filed by name in officer's pay record and is subject to General Accounting Office audit for verification of proper disbursement of public funds.

EFFECTS OF DISCLOSURE: The personal information (including social security number) is requested for identification purposes only. The disclosure of this information is voluntary by law; however, failure to provide any of the requested data will preclude payment of the temporary lodging allowance.

OCCSS Use Only - Temporary Lodging Allowance (TLA) Computation Worksheet

A. Average Lodging Cost _____ ÷ _____ = _____
(Total lodging cost divided by number of days TLA claimed this period)

B. Meals and Incidental Expenses (M&IE)

1. Daily M&IE rate _____ X _____ % = _____
(M&IE rate equals Locality Meals Rate plus Local Incidentals Rate)

a. Determine allowable percentage

- | | |
|--------------------------------------------------------|------|
| (1) Member only or 1 dependent only | 65% |
| (2) Member and 1 dependent or 2 dependents | 100% |
| (3) Each additional dependent 12 years of age and over | 35% |
| (4) Each additional dependent under 12 years of age | 25% |

2. If 5a on the front is checked, multiply B(1) above by 100% _____

3. If 5b on the front is checked, multiply B(1) above by 50% _____

C. Add A and B above _____

D. Maximum TLA allowable

1. Daily per diem rate _____ X _____ % = _____
(Percentage determined in B. 1. a. above)

E. Daily rate of TLA: Enter lesser of the amount computed under C and D _____

F. Amount to be paid _____

(Multiply amount of E by the number of days indicated in 3a on the front of this form.)