

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: Office of Commissioned Corps Support Services/PSC
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

FOR OCCSS USE

1. IDENTIFICATION:

a. NAME: _____	SSAN: ____ - ____ - ____	GRADE: _____
b. DUTY STATION: _____ _____ _____ Duty Phone: _____	c. AUTHORITY FOR TRAVEL: Personnel Order Number: _____ Date of Order: _____ Effective Date: _____	

2. PURPOSE OF CLAIM (complete one):

a. Request to use temporary lodging facilities upon arrival at my permanent overseas duty location. Duty arrived: _____	b. Required to use temporary lodging facilities immediately prior to departure from my permanent overseas duty location. Date departed: _____
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3. PERIOD OF CLAIM:

a. Request for payment for _____ days TLA. This claim is for the period _____ through _____ .

b. Previous claims have been submitted under the travel authority indicated in item 1. above for the following periods:

(1) From _____ through _____	(2) From _____ through _____
(3) From _____ through _____	(4) From _____ through _____
(5) From _____ through _____	(6) From _____ through _____

4. OCCUPANTS OF TEMPORARY LODGING:

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

b. Occupants of temporary lodging other than member:

NAME	RELATIONSHIP TO SPONSOR	DATE OF BIRTH	DATE OF ARRIVAL	PROJECTED DATE OF DEPARTURE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. TYPE OF LODGING (check one):

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

6. COST OF LODGING (attach receipts):

a. Total cost of lodging for period of this claim: \$ _____	c. Name and location of lodging facilities: _____ _____
b. Exchange rate if paid in foreign currency: _____	

7. 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.

DATE	SIGNATURE
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8. 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.

DATE	SIGNATURE
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps

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. Form is sent by officer directly to Office of Commissioned Corps Support Services, ATTN: Compensation Branch, Room 4-50, 5600 Fishers Lane, Rockville, MD 20857-0001 (Phone: 301-594-2963), and 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.) _____