Supplemental TLE Claim

TLE Certification:

Please complete BLOCKS 1-4 with your information.

(Block 1 is asking you if you want anything to split disbursed to your GTC)

BLOCKS 5-8 will be information based off of your previous or losing PDS. For block 6 write "N/A"

If you did temporary lodging at your previous or losing PDS then you will complete BLOCKS 9-11 (Complete a new block if the cost per night changes between dates. i.e. weekend rates, holiday rates, weekday rates.)

BLOCKS 12-15 will be information based off of your next or gaining PDS. For block 14 write "N/A"

If you did temporary lodging at your next or gaining PDS then you will complete BLOCKS 16-18 (Complete a new block if the cost per night changes between dates. i.e.

weekend rates, holiday rates, weekday rates.)
Circle one of the options in BLOCK 19
Sign and Date in BLOCK 21.

TLE Voucher:

For BLOCK 1 split disbursement (above BLOCK 5 "\$_____") is asking if you want anything to split disbursed to your GTC, this should match the same amount on your TLE certification.

Complete BLOCKS 2-8 with your information.

If you received any type of advance (DLA, per diem, accruals) write the type in BLOCK 9.

If you have dependents then complete BLOCK 12 and 13. Pick "Accompanied" if they traveled with you or "Unaccompanied" if they didn't. For BLOCK 13 write the address that is located in BLOCK 17 of your PCS orders.

1351-2:

FILL OUT BLOCKS 2-11

BLOCK 15 - Write "TLE CLAIM ONLY"

BLOCK 20a - Sign

BLOCK 20b - DateYou are done with your TLE Voucher. PLEASE ENSURE THAT YOU SUBMIT YOUR TLE RECEIPT(S) AND YOUR PCS ORDERS.

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT official use only	contains information that is subject to the Privacy Act of 1974 and is for (FOUO).					
1. SPLIT DISBURSEMENT: Pay the following amount directly t	o the Government Travel Card contractor: \$					
(Note: Any current balance on your GTC will be split-disbursed	up to & including the total amount of the TLE payment.)					
2. NAME (Last, First, Middle Initial) 3. GRADE	4. SSN					
5. LOSING CONUS PERMANENT DUTY STATION	12. GAINING CONUS PERMANENT DUTY STATION					
6. DATE CLEARED GOVERNMENT QUARTERS:	13. DATE OF ARRIVAL:					
7. DATE OF DEPARTURE:	14. DATE ASSIGNED GOVERNMENT QUARTERS:					
8. DATE HOUSEHOLD GOODS PICKED UP:	15. DATE HOUSEHOLD GOODS DELIVERED:					
For blocks 9-11, fill out one for every different occurrence	For blocks 16-18, fill out one for each different occurrence					
9. DATES OF LODGING: TO	16. DATES OF LODGING: TO					
TLE CLAIM FOR:	TLE CLAIM FOR:					
MEMBER ONLY	MEMBER ONLY					
MEMBER & DEPENDENTS-# DEPS:	MEMBER & DEPENDENTS - # DEPS:					
DEPENDENTS ONLY# DEPS:	DEPENDENTS ONLY-# DPES:					
PLACE OF LODGING:	PLACE OF LODGING:					
BILLETING	BILLETING					
OFF-BASE	OFF-BASE					
(Non-Availability Statement required)	(Non-Availability Statement required)					
WITH FRIENDS OR FAMILY	WITH FRIENDS OR FAMILY					
COST PER NIGHT: \$	COST PER NIGHT: \$					
10. DATES OF LODGING: TO	17. DATES OF LODGING: TO					
TLE CLAIM FOR:	TLE CLAIM FOR:					
MEMBER ONLY	MEMBER ONLY					
MEMBER & DEPENDENTS-# DEPS:	MEMBER & DEPENDENTS - # DEPS:					
DEPENDENTS ONLY-# DEPS:	DEPENDENTS ONLY# DPES:					
PLACE OF LODGING:	PLACE OF LODGING:					
BILLETING	BILLETING					
OFF-BASE	OFF-BASE					
(Non-Availability Statement required)	(Non-Availability Statement required)					
WITH FRIENDS OR FAMILY	WITH FRIENDS OR FAMILY					
COST PER NIGHT: \$	COST PER NIGHT: \$					
11. DATES OF LODGING: TO	18. DATES OF LODGING: TO					
TLE CLAIM FOR:	TLE CLAIM FOR:					
MEMBER ONLY	MEMBER ONLY					
MEMBER & DEPENDENTS-# DEPS:	MEMBER & DEPENDENTS - # DEPS:					
DEPENDENTS ONLY# DEPS:	DEPENDENTS ONLY-# DPES:					
PLACE OF LODGING:	PLACE OF LODGING:					
BILLETING	BILLETING					
OFF-BASE	OFF-BASE					
(Non-Availability Statement required)	(Non-Availability Statement required)					
WITH FRIENDS OR FAMILY	WITH FRIENDS OR FAMILY					
COST PER NIGHT: \$	COST PER NIGHT: \$					
19. ARE MARRIED TO ANOTHER MILITARY MEMBER?	Y/N					
IF YES, NAME OF MILITARY SPOUSE:	SSN OF MILITARY SPOUSE:					
20. NOTES:	21. CLAIMANT SIGNATURE DATE					
* If gaining station is OCONUS, reimbursement is limited to 5 days.						
* Reimbursement at or between CONUS stations is limited to 10 days						
* Any off-base lodging receipt submitted without a Non-A will be limited to the available billeting room rate for member & number of dependents.	22. FSO USE ONLY - DATE RECEIVED:					
 to the available billeting room rate for member & number of dependents. 						

TRAVEL VOUCHER OR SUBVOUCHER for					form	. Use type	write	er, ink	ent, Penalty St , or ball point e in remarks.									
/ Ele Tra	NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.																	
	Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:																	
2. NAME	(Last,	First, Middle	Initial) (Print o	r type)			3. GRA	DE	4.	SSN			5. TY	1	F PAYMENT	(X as	1	er/Employee
6. ADDR	FSS. a	. NUMBER A	AND STREET		b. CITY				C S	STATE	d. ZIP COD	F	_	TD\	-		-	si/Linployee
O. ADDIK	LOO. a	. NONDER	AND STREET		b. Cit i				0. 1	SIAIL	u. ZIF COD	<u>_</u>	-	-	+	/	Other	
		DE00													pendent(s)		DLA	
e. E-MAIL ADDRESS 7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION NUMBER NUMBER				9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER														
11. ORG	ANIZAT	TION AND S	TATION	Travis A	FB CA 9	94535							b. \$	SUBV	OUCHER NU	IMBER	R	
12. DEPE	NDFN	T(S) (X and	complete as a		. D 0.17			13. DEPEN	IDEN	ITS' ADI	DRESS ON REC	EIPT OF	c F	PAID	BY			
		ANIED	oomprote as ap	i i	CCOMPAI	NIFD		ORDER	RS (Ir	nclude Z	(ip Code)			,				
			Idla Initial\	b. RELATIC		c. DATE OF OR MARK	BIRTH	{										
a. NAI	VIE (La	st, First, Mic	idie iriiliai)	D. RELATIC	NSHIP	OR MARE	RIAGE	-										
-																		
								14 HAVE H	פווחו	EHOL D	GOODS BEEN	SHIPPED2						
								(X one)				d.	COME	PUTATIONS			
								✓ YES			NO (Explain in F							
15. ITINE a. DATE	RARY	h DI A	CE (Home, Off	ice Base Act	ivity City	and State:		c. MEANS/	RE/	d. ASON	e. LODGING	f. POC	PO	OVS	Driven			
u. D/ (TE		D. FLAC	City a	and Country, e	etc.)	and State,		MODE OF TRAVEL		OR TOP	COST	MILES		l or	2			
	DEP																	
	ARR																	
	DEP																	
	ARR																	
	DEP																	
	ARR																	
	DEP				H													
	ARR																	
	DEP		-															
	ARR																	
	DEP	1											е. :	SUMN	MARY OF PAY	/MENT	т	
	ARR												(1) Per Diem					
	DEP												<u> </u>		I Expense Allo	owance	e	
	ARR												 ` 	Milea				
16. POC	<u> </u>	I (Yone)	OWN	OPERATE		РΔ	SSENGE	R		17 DU	RATION OF TRA	AVEL	-		ndent Travel		+	
		ABLE EXPE		OI LIVIIL		1 1.7.	OOLITOL	-11		15	indication of the	(5) DLA						
a. DA		TOLL LXI L	b. NATURE O	E EVDENCE		c. AMC	TINIT	d. ALLOW	ED	-	12 HOURS OR	LESS	(5) DLA (6) Reimbursable Expenses					
a. DA			b. NATORE O	TEAFLINGE		C. AIVIC	JOINT	d. ALLOW		\vdash			H-		oursable Expe	11363		0.00
										-	MORE THAN 12 BUT 24 HOURS						0.00	
										\vdash	201 27110010	. 511 LL00	<u> </u>				-	0.00
ļ										-	MORE THAN 24	HOURS	H		nt Owed		-	0.00
ļ										40 -			` '		nt Due			
								-		_	OVERNMENT/DE	1			- 5:	TE	Τ.	NO OF MEN C
						+		-		-	a. DATE	b. NO. O	r WE	LO	a. DA	1 =	D.	NO. OF MEALS
										-				_			-	
						1		-		-				_			_	
20.a. CL	MAN'	T SIGNATUI	RE														b.	DATE
c. REVIEWER'S PRINTED NAME d. SIGNATURE								e. Ti	ELEP	HONE NUMB	ER	f. [DATE					
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE										c. TI	ELEPI	HONE NUMB	ER	d.	DATE			
22. ACCC	UNTI	IG CLASSIF	FICATION															
23. COLL	ECTIC	N DATA							_									
24. COMF	UTED	ВҮ	25. AUDITED	ВҮ	26. TRA AUTHO	VEL ORDER ORIZATION I	R/ POSTED	BY 27. RE	CEIV	/ED (Pa	yee Signature an	nd Date or Ci	heck N	lo.)		28.	AMOUN	NT PAID

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments. Applicable SORN: T7333 (http://privacy.defense.gov/notices/dfas/T7333.shtml).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credt to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

- 1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
- 2. Two copies of dependent travel authorization if issued.
- 3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- Copy of GTR, MTA or ticket used.
- Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	-R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD	-	

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on

commercial aircraft or by private individuals are not considered

deductible meals.

b	. ALL	UNUSED	TICKE	ETS (inc	d
12. ((cont'd)) Addition	nal De	penden	ts

29. REMARKS

b.	ALL UNUSED	TICKETS	(including	g identification o	of unused "e	e-tickets",) MUST BE	TURNED I	N TO T	HE T/O	OR CTO.

NAME RELATIONSHIP DOB:

		БОБ.
NAME	RELATIONSHIP	DOB:
NAME	RELATIONSHIP	DOB:
NAME	DEI ATIONSHID	DOD