

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 - Date You 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		This document contains information that is subject to the Privacy Act of 1974 and is for official use only (FOUO).	
1. SPLIT DISBURSEMENT: Pay the following amount directly to 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 _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$		16. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS - # DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DPES: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$	
10. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$		17. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS - # DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DPES: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$	
11. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$		18. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS - # DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DPES: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$	
19. ARE MARRIED TO ANOTHER MILITARY MEMBER? <input type="checkbox"/> Y / <input type="checkbox"/> N IF YES, NAME OF MILITARY SPOUSE: _____ SSN OF MILITARY SPOUSE: _____			
20. NOTES: * 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.		21. CLAIMANT SIGNATURE _____ DATE _____	
22. FSO USE ONLY - DATE RECEIVED: _____			

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 credit 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.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
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.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

12. (cont'd) Additional Dependents:

NAME _____	RELATIONSHIP _____	DOB: _____
NAME _____	RELATIONSHIP _____	DOB: _____
NAME _____	RELATIONSHIP _____	DOB: _____
NAME _____	RELATIONSHIP _____	DOB: _____