

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 checked="" type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS - # DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY-# DPES: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input checked="" 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? Y / 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:	

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.
<input type="checkbox"/> Electronic Fund Transfer (EFT)	<input type="checkbox"/> 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 or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA

e. E-MAIL ADDRESS		8. TRAVEL ORDER/AUTHORIZATION NUMBER		10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER	

12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			d. COMPUTATIONS		
<input type="checkbox"/> YES			<input type="checkbox"/> NO (Explain in Remarks)		

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
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TLE

16. POC TRAVEL (X one)		<input type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER	17. DURATION OF TRAVEL	
				12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS	

18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS
	TLE Claim Only				

20.a. CLAIMANT SIGNATURE				b. DATE	
c. REVIEWER'S PRINTED NAME		d. SIGNATURE		e. TELEPHONE NUMBER	
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER	
				d. DATE	

22. ACCOUNTING CLASSIFICATION					
23. COLLECTION DATA					

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID	