

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT		VOUCHER NUMBER
16. EMPLOYEE NAME <i>(Last, First, Middle Initial)</i>		17. SOCIAL SECURITY NUMBER
18a. PAYMENTS/ENTITLEMENTS <i>[Check box(es). For calculations see DSSR chapter exhibits.]</i>		FOR OFFICIAL USE ONLY
TQSA - TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE - DSSR 120)		\$
Advance	Beg. Date End Date	
Biweekly	Beg. Date End Date	
Lump Sum <i>(upon completion)</i>	Beg. Date End Date	
LQA - LIVING QUARTERS ALLOWANCE - (DSSR 130)		
U.S. Dollar Payment _____		
Foreign Currency Payment _____		
PA - POST ALLOWANCE - (DSSR 220)		
TRANSFER ALLOWANCE: FOREIGN (DSSR 240) [<input type="checkbox"/>] or HOME SERVICE (DSSR 250) [<input type="checkbox"/>]		
Portions(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]		
SMA - SEPARATE MAINTENANCE ALLOWANCE - (DSSR 260)		
EDUCATION: ALLOWANCE (DSSR 270) [<input type="checkbox"/>] or TRAVEL (DSSR 280) [<input type="checkbox"/>]		
PD - POST DIFFERENTIAL - (DSSR 500)		
DP - DANGER PAY - (DSSR 650) 652f [<input type="checkbox"/>] or 652g [<input type="checkbox"/>]		
Total Amount Claimed		
18b. ADVANCES		
LQA	Beg. Date End Date # of Months _____	
U.S. Dollar Payment Foreign Currency Payment		\$
TRANSFER ALLOWANCE: Foreign [<input type="checkbox"/>] or Home Service [<input type="checkbox"/>]		
Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]		
ADVANCE OF PAY (DSSR 850) This advance will be repaid in _____ pay periods.		
Travel Authorization or		
Permanent Change of Station (PCS) Number		
Name of Issuing Activity		
METHOD OF PAYMENT		
19a. If Electronic Funds Transfer (EFT) Mark one: [<input type="checkbox"/>] Checking [<input type="checkbox"/>] Savings		
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION MAILING ADDRESS	
ROUTING NUMBER	ACCOUNT NUMBER <i>(including any suffix)</i>	
19b. IF BY CHECK		
CHECK MAILING STREET ADDRESS		
CHECK MAILING CITY, STATE, ZIP CODE		
20. ACCOUNTING CLASSIFICATION(S):		
<p>21. Employee Statement and Signature: The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.</p>		
EMPLOYEE'S SIGNATURE:		DATE:
22. APPROVING/REVIEWING OFFICIAL SIGNATURE WHEN REQUIRED:		DATE:
23. CERTIFYING OFFICIAL: THE ABOVE REQUEST IS CERTIFIED AS CORRECT AND PROPER FOR PAYMENT		
AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE:		DATE: