				NTERAC NUMBER	GENCY REPORT CONT R 1170-DOS-A		VOUCHER NUMBER
1. EMPLOYEE NAME (Last, First, Middle Initial)				2. SOCIAL SECURITY NUMBER			
3. AGENCY				4. AUTHORIZATION/GRANT NUMBER			
5. PAY PLAN/SERIES/GRADE/ANNUAL SALARY				6. POSITION TITLE			
7. CURRENT POST/COUNTRY OF ASSIGNMENT/LOCALITY CODE 8. DATE OF				RRIVAL	9. PREVIOUS POST OF ASSIGNMENT		
10. MAILING ADDRESS							
11. IF LOCAL HIRE: DATE OF ARRIVA	L AT POST/REASON	I FOR PRESENCE					
12. IF SPOUSE IS EMPLOYED BY THE	US GOVERNMENT:	NAME/SOCIAL SEC	URITY	NUMBE	R/ALLOWANCES REC	EIVED	
13. FAMILY DOMICILED AT P	OST						
NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE (MM/DD/YY)		% PPORT	DATE OF ARRIVAL AT POST		RESIDENCE ADDRESS
14. FAMILY DOMICILED AWA	Y FROM POST						
NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE (MM/DD/YY)		% PPORT	DATE OF DEPARTURE FROM POST		RESIDENCE ADDRESS
REMARKS	·						

**Privacy Act Statement:** Solicitation of this information is authorized under 5 U.S.C. 5922, E.O. 9397 and E.O. 10903, Section 1(b-2) and DSSR Section 073.4. The information is used to determine employee eligibility for and appropriate amounts of allowances. All forms are subject to fiscal audit by the employee's parent agency and GAO. The Office of Allowances, U.S. Department of State, will review forms to set LQA rates. Lack of requested information may result in erroneous or unauthorized allowances.

FOREIGN ALLOWANCES APPLICATION, GRA	ANT AND REPORT	VOUCHER NUMBER			
16. EMPLOYEE NAME (Last, First, Middle Initial)	17. SOCIAL SECURITY NUMBER				
18a. PAYMENTS/ENTITLEMENTS [Check box(es). For calculations		FOR OFFICIAL USE ONLY			
TQSA - TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE - DSS		\$			
Advance Beg. Date	End Date				
Biweekly Beg. Date	End Date				
Lump Sum (upon completion) Beg. Date	End Date				
LQA - LIVING QUARTERS U.S. Dolla					
ALLOWANCE - (DSSR 130) Foreign Currence	cy Payment				
PA - POST ALLOWANCE - (DSSR 220)					
TRANSFER ALLOWANCE: FOREIGN (DSSR 240) [ ] or HON		_			
Portions(s): Subsistence [ ] Miscellaneous [ ] Wardrobe [ ] Lease Penalty [ ]					
SMA - SEPARATE MAINTENANCE ALLOWANCE - (DSSR 26					
EDUCATION: ALLOWANCE (DSSR 270) [ ] or TRAVEL (DS					
PD - POST DIFFERENTIAL - (DSSR 500)					
DP - DANGER PAY - (DSSR 650) 652f [ ] or 652g [ ]					
Total Amount Claimed					
18b. ADVANCES					
LQA Beg. Date End Date	# of Months				
U.S. Dollar Payment Foreign Currence	\$				
TRANSFER ALLOWANCE: Foreign [ ] or Home Service [					
Portion(s): Subsistence [ ] Miscellaneous [ ] Wardrobe [		-			
ADVANCE OF PAY (DSSR 850) This advance will be repaid	•				
Travel Authorization <i>or</i>	ра, разова				
Permanent Change of Station (PCS) Number					
Name of Issuing Activity					
	OF PAYMENT				
19a. If Electronic Funds Transfer (EFT) Mark one: [] Checki					
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION MAILING ADD	RESS			
ROUTING NUMBER	ACCOUNT NUMBER (including any suffice	x)			
19b. IF BY CHECK					
CHECK MAILING STREET ADDRESS					
CHECK MAILING CITY, STATE, ZIP CODE					
20. ACCOUNTING CLASSIFICATION(S):					
21. Employee Statement and Signature: The information given and belief. I also understand that I am obligated to notify the a affect the amount of allowances and/or differential authorized States on this form may subject me to criminal penalties (inclucivil penalties under 31 U.S.C. 3729 or administrative penalterminated prior to liquidation of any of these advances, any or	authorizing office immediately of a herein. I also understand that fa Iding fines and imprisonment) und alties under 31 U.S.C. 3802. I	ny change in conditions which may ilse statements made to the United er 18 U.S.C. 287 and 1001 and/or understand if my employment is			
EMPLOYEE'S SIGNATURE:		DATE:			
22. APPROVING/REVIEWING OFFICIAL SIGNATURE WHEN REQUIRED:					
		DATE:			
23. CERTIFYING OFFICIAL: THE ABOVE REQUEST IS CERTIFIED AS CORRECT AF	ND PROPER FOR PAYMENT				
AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE:		DATE:			