

**TEMPORARY LODGING EXPENSE (TLE) ALLOWANCE CERTIFICATION**  
*(Please PRINT legibly)*

1. Name:		2. SSN:	
3. Name/location of last permanent duty station (PDS)/homeport/designated place:			
Date detached from last PDS:		Date reported to new PDS:	
4. Dependent Information:			
Name	Relationship	Date of birth/marriage	
5. TLE at Old PDS			
Temporary lodging was obtained at:		Daily cost of lodging <i>(receipts attached)</i> :	
		\$ _____	
6. TLE at New PDS			
Temporary lodging was obtained at:		Daily cost of lodging <i>(receipts attached)</i> :	
		\$ _____	
7. Dates Temporary Lodging Occupied			
Prior to Detachment		to	
After Reporting (for dependents after arrival at new PDS)		to	
8. If commercial temporary lodging facilities were used, a non-availability of government quarters statement is attached.			
<p><b><i>I certify that in connection with _____ departure from, and/or _____ arrival at my permanent duty station, homeport, or designated place, I was required to obtain temporary lodging for _____ myself/myself and dependents listed above; or ___N/A___ dependents only as listed above. I also certify that these quarters were not my permanent quarters at either the old <u>or</u> the new permanent duty station.</i></b></p> <p><b><i>Provide copy of CNA if available or sign below statement to attest that no GOVT Quarters were available when contacted.</i></b></p> <p><b><i>I certify GOVT QTRS were not available upon detaching LPDS or arrival at new PDS.</i></b></p> <p><b><i>Member's signature: _____ Date: _____</i></b></p>			
9. Member's signature:			Date:
_____			_____
10. Interviewed by:			Date:
_____			_____

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