



This form is provided to all U. S. Civilian Employees receiving Living Quarters Allowance for use in recording all housing costs. In DOD Standardized Regulations, it is suggested this form be completed as follows:

1. Fill out on a monthly basis
2. Must be submitted on any of the following occasions: (a) Initial Reconciliation; (b) 12-month anniversary following a change of quarters; or (c) At request of employee or management

Name: _____ Grade: _____ Activity: _____

SSN: No. of Dependents at Post:

Move-in Date: Move-out Date: (as applicable)

Phone: Fax: Email:

* Other Expenses should be numbered and explained below or on a separate sheet of paper.

Falsification or misrepresentation of an item in a claim may result in forfeiture of the entire claim as provided in 28 U.S.C. 2514, as well as removal from employment in the federal service.

END OF FEE STATEMENT
I certify that the information given on the application is true and correct to the best of my knowledge and belief.

Date _____