ADDENDUM TO THE SF-1190 (07-2009)
FOREIGN ALLOWANCES APPLICATION, GRANT and REPORT

Department of State Standardized Regulations *(DSSR)*
(Government Civilians, Foreign Areas), **Section 073.4**

NAME OF EMPLOYEE: **SSN:**
POSITION TITLE: **GRADE:**
EMPLOYING ACTIVITY: **ORGANIZATION CODE:**

PAY PERIOD (Beginning and Ending Dates):

List in detail the dates, times and places (city/country) of arrivals and departures for the pay period.

DATE	TIME		COMPLETE LOCATION NAME (City & Country)
		DEPART	
		ARRIVE	
		DEPART	
		ARRIVE	
		DEPART	
		ARRIVE	
		DEPART	
		ARRIVE	
		DEPART	
		ARRIVE	
		DEPART	
		ARRIVE	
		DEPART	
		ARRIVE	
		DEPART	
		ARRIVE	

EMPLOYEE CERTIFICATION: The information provided above is true and correct to the best of my knowledge. I understand that I am obligated to notify the authorizing office of any change in conditions that may affect the amount of allowance and/or differential authorized.

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

SUPERVISORY CERTIFICATION: I certify that the employee performed the itinerary shown above on official business.

SIGNATURE OF (OCONUS) SUPERVISOR: _____ **DATE:** _____

Current as of July 1, 2011
Previous versions are obsolete.