	This document co		ation that is subject to the Privacy Act of 1974 and is for	
SPLIT DISBURSEMENT: Pay the following amount directly to the Government Travel Card contractor:				
(Note: Any current balance on your GTC will be split-disbursed up to			g the total amount of the TLE payment.)	
2. NAME (Last, First, Middle Initial)	3. GRADE		4. SSN	
5. LOSING CONUS PERMANENT DUTY STATION		12. GAINING	CONUS PERMANENT DUTY STATION	
6. DATE CLEARED GOVERNMENT QUARTERS:		13. DATE OF ARRIVAL:		
7. DATE OF DEPARTURE:		14. DATE ASSIGNED GOVERNMENT QUARTERS:		
8. DATE HOUSEHOLD GOODS PICKED UP:		15. DATE HOUSEHOLD GOODS DELIVERED:		
For blocks 9-11, fill out one for every different occurrence		For blocks 16-18, fill out one for each different occurrence		
9. DATES OF LODGING: TO		16. DATES OF LODGING: TO		
TLE CLAIM FOR:		TLE CLAIM FOR:		
MEMBER ONLY		MEMBER ONLY		
MEMBER & DEPENDENTS	S-# DEPS:		MEMBER & DEPENDENTS - # DEPS:	
DEPENDENTS ONLY-# DEPS:		DEPENDENTS ONLY-# DPES:		
PLACE OF LODGING:		PLACE OF LODGING:		
BILLETING		BILLETING		
OFF-BASE		OFF-BASE		
(Non-Availability Statement required)		(Non-Availability Statement required)		
WITH FRIENDS OR FAMILY		WITH FRIENDS OR FAMILY		
COST PER NIGHT: \$		COST PER NIGHT: \$		
10. DATES OF LODGING: TO		17. DATES OF LODGING: TO		
TLE CLAIM FOR:		TLE CLAIM FOR:		
MEMBER ONLY		MEMBER ONLY		
MEMBER & DEPENDENTS-# DEPS:		MEMBER & DEPENDENTS - # DEPS:		
DEPENDENTS ONLY-# DEPS:		DEPENDENTS ONLY-# DPES:		
PLACE OF LODGING:		PLACE OF LODGING:		
BILLETING		BILLETING		
OFF-BASE		OFF-BASE		
(Non-Availability Statement required)		(Non-Availability Statement required)		
WITH FRIENDS OR FAMILY		WITH FRIENDS OR FAMILY		
COST PER NIGHT: \$		COST PER NIGHT: \$		
11. DATES OF LODGING: TO		18. DATES OF LODGING: TO		
TLE CLAIM FOR:		TLE CLAIM FOR:		
MEMBER ONLY		MEMBER ONLY		
MEMBER & DEPENDENTS-# DEPS:		MEMBER & DEPENDENTS - # DEPS:		
DEPENDENTS ONLY-# DEPS:		DEPENDENTS ONLY-# DPES:		
PLACE OF LODGING:		PLACE OF LODGING:		
BILLETING		BILLETING		
OFF-BASE		OFF-BASE		
(Non-Availability Statement required)		(Non-Availability Statement required)		
WITH FRIENDS OR FAMILY		WITH FRIENDS OR FAMILY		
COST PER NIGHT: \$		COST PER NIGHT: \$		
19. ARE MARRIED TO ANOTHER MILITARY MEMBER? Y/N			·	
IF YES, NAME OF MILITARY SPOUSE:		SSN OF MILITARY SPOUSE:		
20. NOTES:		21. CLAIMANT SIGNATURE DATE		
* If gaining station is OCONUS, reimbursement is limited to 5 days.				
* Reimbursement at or between CONUS stations is limited to 10 days.				
* Any off-base lodging receipt submitted without a Non-A will be limited		22. FSO USE ONLY - DATE RECEIVED:		
to the available billeting room rate for member & number of dependents.				