

# REQUEST FOR TEMPORARY LODGING ALLOWANCE

(Check and complete all applicable blocks)

AUTHORITY: 37 USC 405, 405a, Privacy Act of 1974

PRINCIPAL PURPOSE(S): Used to adjust member's military pay record., start, adjust, or terminate entitlement to temporary lodging allowance.

ROUTINE USES: Information may be disclosed to Air Force and Space Force components; other DoD Components such as Army, Navy, or Marine Corps; other Federal agencies such as the Department of Justice for investigating or prosecuting possible violations of the law.

DISCLOSURE: Voluntary, non-disclosure of requested information will result in TLA not being processed

SORN: T7340, Defense Joint Military Pay System - Active Component , T7344. Defense Joint Military Pay System - Reserve Component

NAME OF MEMBER (Last, first, middle initial)		DoD ID Number	
LAST PERMANENT DUTY STATION	DATE OF DEPARTURE	PCS ORDER NUMBER	DATE OF ARRIVAL

## TYPE ACTION REQUESTED/PAYMENT IDENTIFICATION

<input type="checkbox"/> TLA - ARRIVAL	<input type="checkbox"/> TLA - DEPARTURE	<input type="checkbox"/> TLA - INTERIM	
<input type="checkbox"/> INITIAL PAYMENT	<input type="checkbox"/> INCREMENTAL PAYMENT	<input type="checkbox"/> FINAL PAYMENT	<input type="checkbox"/> ADJUSTMENT

## TEMPORARY LODGING ALLOWANCE (TLA) AUTHORIZED FOR

<input type="checkbox"/> MEMBER ONLY	<input type="checkbox"/> MEMBER AND <u>    </u> DEPENDENT(S)	<input type="checkbox"/> DEPENDENTS ONLY <u>    </u>
INDIVIDUAL ELECTED TO SERVE:	<input type="checkbox"/> ACCOMPANIED TOUR	<input type="checkbox"/> ALL OTHERS TOUR
TRAVEL OF DEPENDENT(S) IS AUTHORIZED:	<input type="checkbox"/> TO A DESIGNATED LOCATION	<input type="checkbox"/> CONCURRENT

## AUTHORIZED DEPENDENTS

NAME (Last, first, middle initial)	RELATIONSHIP	DATE OF BIRTH (Children only)

## IDENTIFICATION OF TEMPORARY LODGING

NAME OF HOTEL OR ACCOMMODATION	STREET NUMBER AND NAME	CITY, STATE OR COUNTRY
INCLUSIVE DATES FROM _____ TO _____	COOKING FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	GOVERNMENT MESS UTILIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO

## CERTIFICATE OF HOUSING OFFICER

<input type="checkbox"/> GOVERNMENT QUARTERS WERE NOT AVAILABLE DURING THE PERIOD TEMPORARY LODGING IS CLAIMED.	
<input type="checkbox"/> PERMANENT HOUSING WAS OCCUPIED/GOVERNMENT QUARTERS WERE ASSIGNED (Date) _____	
<input type="checkbox"/> PERMANENT HOUSING WAS VACATED (Date) _____	
<input type="checkbox"/> GOVERNMENT QUARTERS WERE TERMINATED (Date) _____	
SIGNATURE _____ Click to sign	DATE _____

## CERTIFICATE OF TRANSPORTATION OFFICER

<input type="checkbox"/> HOUSEHOLD GOODS AVAILABLE FOR DELIVERY ON (Date) _____	
<input type="checkbox"/> HOUSEHOLD GOODS WERE DELIVERED AND ACCEPTED ON (Date) _____	
<input type="checkbox"/> HOUSEHOLD GOODS COULD NOT BE DELIVERED TO PERMANENT QUARTERS FOR REASONS BEYOND THE CONTROL OF THE MEMBER	
<input type="checkbox"/> HOUSEHOLD GOODS WERE RELEASED FOR SHIPMENT ON (Date) _____	
SIGNATURE _____ Click to sign	DATE _____

## CERTIFICATE OF BILLETING OFFICER

<input type="checkbox"/> TEMPORARY QUARTERS ARE NOT AVAILABLE	<input type="checkbox"/> TEMPORARY QUARTERS ARE AVAILABLE
SIGNATURE _____ Click to sign	DATE _____

REMARKS
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