

**GOVERNMENT QUARTERS AND/OR MESS**

*(See Privacy Act Statement and Instructions on back.)*

<b>1. TRAVELER'S NAME</b> <i>(Last, First, Middle Initial)</i>	<b>2. GRADE</b>	<b>3. SOCIAL SECURITY NUMBER</b>	<b>4. DATE OF STATEMENT</b> <i>(YYYYMMDD)</i>
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**4. QUARTERS**

a. GOVERNMENT QUARTERS WERE NOT AVAILABLE TO THE ABOVE-NAMED MEMBER ON THE FOLLOWING DATES OR FOR THE FOLLOWING PERIODS:

b. GOVERNMENT QUARTERS *(were not) (will not be)* AVAILABLE TO BOTH THE ABOVE-NAMED MEMBER AND HIS DEPENDENT(S) ON THE FOLLOWING DATES OR FOR THE FOLLOWING PERIODS:

c. UTILIZATION OF GOVERNMENT QUARTERS BY THE ABOVE-NAMED MEMBER *(is) (was)* IMPRACTICABLE FOR THE FOLLOWING DATES OR THE FOLLOWING PERIODS:

**5. MESS**

a. GOVERNMENT MESS WAS NOT AVAILABLE TO THE ABOVE-NAMED MEMBER FOR THE NUMBER OF MEALS SHOWN OPPOSITE EACH OF THE FOLLOWING DATES OR PERIODS.

b. GOVERNMENT MESS *(was not) (will not be)* AVAILABLE TO BOTH THE ABOVE-NAMED MEMBER AND HIS DEPENDENT(S) FOR THE NUMBER OF MEALS SHOWN OPPOSITE THE FOLLOWING DATES OR PERIODS.

c. UTILIZATION OF GOVERNMENT MESS AVAILABLE AT THIS STATION BY THE ABOVE-NAMED MEMBER *(will be) (is) (was)* IMPRACTICABLE FOR THE NUMBER OF MEALS SHOWN OPPOSITE THE FOLLOWING DATES OR PERIODS.

d. OFFICERS' OPEN MESS WAS NOT AVAILABLE TO THE ABOVE-NAMED OFFICER FOR AT LEAST TWO MEALS ON THE FOLLOWING DATES GOVERNMENT QUARTERS WERE AVAILABLE.

(1) DATE (YYYYMMDD)	(2) NO. MEALS	(1) DATE (YYYYMMDD)	(2) NO. MEALS	(1) DATE (YYYYMMDD)	(2) NO. MEALS

**6. REMARKS** *(Continue on back if more space is required.)*

**7. ISSUING ORGANIZATION AND STATION**

**8. AUTHORIZED APPROVING CERTIFYING OFFICER**

<b>a. TYPED NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. GRADE</b>	<b>c. TITLE</b>	<b>d. SIGNATURE</b>
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## PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

**AUTHORITY:** 5 U.S.C. 5701, 5702; 37 U.S.C. 404; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** Used to substantiate availability/use of Government quarters and/or Government mess facilities to determine the traveler's per diem entitlement for payment and reimbursement for travel and transportation expenses incurred in an official travel status.

**ROUTINE USE(S):** The information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, Members of Congress, State and local government, and U.S. and State courts.

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

### 6. REMARKS *(Continued)*

## INSTRUCTIONS

**1. WHERE ISSUED.** To be issued where the temporary duty is performed. Also at Ports of Embarkation or Debarkation or at personnel processing centers operated in conjunction therewith.

**2. TO WHOM ISSUED.** To any member performing TDY of 24 hours or more under conditions set forth in Item 3 following. To any member traveling on PCS to, from or between stations outside the United States, if accompanied by dependents who are authorized to travel with him.

**3. WHEN ISSUED.** Whenever quarters or messing facilities are not available to a member performing TDY at a recognized military installation or at a facility operated by a Government contractor or whenever a member cannot properly perform his duties if he utilizes available facilities; when Government quarters for joint occupancy by the member and his dependents or Government mess for joint utilization is not available or will not be available for a specific period.

**4. RESPONSIBILITY FOR ISSUANCE.** The senior member who is in a position of command or who has administrative responsibility at the place of TDY will assure that arrangements are made for the issuance of this statement. The commander of the element to which a family is assigned for processing or control will assure that arrangements are made for the issuance of this statement.

**5. WHO MAY SIGN IT.** The commander or his representative may sign this statement. Authentication may also be by means of a properly authorized and controlled facsimile signature stamp.

**6. PURPOSE, MANNER OF ISSUANCE AND DISPOSITION.** This statement will substantiate the traveler's entitlement at a rate of per diem based upon nonavailability and/or nonutilization of the facilities as indicated in the "Quarters" and "Mess" items on the front of this form. For officers only, this statement will be used for nonavailability of officers' open mess when Government quarters are available. It will be given to the traveler in original and duplicate. Only the original should be signed. The traveler will attach them to his claim for travel allowances. The triplicate will be retained by the issuing office.

**7. DEFINITIONS.** For definitions of Government Mess and Government Quarters, see JFTR/JTR, Appendix A. For conditions not covered by these definitions, see JFTR/JTR.