TEMPORARY LODGING EXPENSE ALLOWANCE CERTIFICATION (please print legibly) Name: SSN: Name/location of last permanent duty station (PDS)/homeport/designated place Date detached from last DDS: Date reported to new PDS:

Date detached hom last PDS.			Date reported to new PDS.				
Dependent Informa							
Name	Relationsh	Relationship		Date of birth/marriage			
TLE at Old PDS							
Temporary lodging v at:	vas obtained						
Daily cost of lodging	: \$ (receip	ts attached)).				
TLE at New PDS							
Temporary lodging v	vas obtained						
at:							
Daily cost of lodgin	g: \$ (receip	ts attached)).				
Dates Temporary L		<u>d</u>					
Prior to Detachment				t	o		
After Reporting (for o							
arrival at new PDS)			t	0			
If commercial tempo	rary lodging facilit	ies were us	ed, a	non-avail	ability of	government	
quarters statement is							
I certify that in conne							
permanent duty stati temporary lodging fo							
dependents only as l							
permanent quarters						,	
Member's Signature		Date:		* -			
1							
Interviewed by:							

NPPSC FORM (06-12)