

**TLA DEPARTURE/ALTERNATE TEMPORARY LODGING CLAIM**

**MEMBER INFORMATION**

Name:	SSN:
Paygrade:	Phone Number:
Command:	UIC:
Dependent Names/Ages of Children _____ _____	
Member's Departure Date: _____ Family Members' Departure Date: _____	
TLA Entitlement Dates: _____ to _____. Requests for more than six days for members departing government quarters or if departing economy housing requires a TLA extension request routed through Housing and member's Commanding Officer.	

**TLF INFORMATION**

Name:	Kitchen Facilities: Yes/No
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**MEMBER CERTIFICATION**

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: _____ Signature/Rank/Date
<b>* Certificate of Non-Availability from Navy Lodge is required for alternate Lodging *</b>

**HOUSING OFFICE**

TLA is/is not recommended from _____ through _____
Housing Termination Date: _____
Remarks: _____
_____
Housing Representative Signature                      Date                      Phone Extension

**BEQ OFFICE (Unaccompanied E3 and below only)**

Transient Government Quarters are/are not available.			
_____	_____	_____	_____
BEQ Representative Signature	Name/Rank	Date	Phone Extension