Temporary Quarters Subsistence Allowance (TQSA) Actual Expense Worksheet

This worksheet is to record information used to claim this allowance on the SF-1190. Submit separate claims for each 30 day period.
References: Department of State Standardized Regulations (DSSR) and Department of Defense Instruction (DODI) 1400.25, Vol. 1250

EMPLOYEE NAME (Last, First, Middle Initial): _____

Department/Activity: _____

Dependents over age 12 at post: _____ Dependents under age 12 at post: _____

NOTE: If dependents are Appropriated/Non-Appropriated Funds employees, NO POST ALLOWANCE permitted to dependents during TQSA!

Indicate the correct currency against each amount – $ or €. CHR will compute the average exchange rate for each period & convert expenses accordingly.

DATE	LODGING	BREAKFAST		LUNCH		DINNER		GROCERIES		COMMERCIAL LAUNDRY/DRY CLEANING
		Euro	US$	Euro	US$	Euro	US$	Euro	US$	
- CHR USE ONLY -										
Total										
Converted										
Grand Totals										

Average Rate Of Exchange: _____

Max Allowed:	Total Expense:	Less Advance:	Reimburse/Owe:
$	$	$	$

EMPLOYEE STATEMENT

A penalty for presenting a false or fraudulent claim is a fine of not more than $10,000 or imprisonment for not more than 5 years or both, is authorized in 18 U.S.C. 287 and 1001. Falsification of an item in a claim may result in forfeiture of the entire claim as provided 28 U.S.C. 2514.

I certify and acknowledge that:

- ☐ I have received an advance for TQSA in the amount of: _____.
- ☐ I have not received an advance for TQSA.
- ☐ Lodging receipt(s) MUST be submitted along with TQSA worksheet.
- ☐ Reimbursement is limited to ACTUAL expenses, not to exceed the maximum ceiling amount(s), for the sponsor and dependents listed on the travel order and residing at the sponsor's post of assignment.
- ☐ Grocery expenses cover consumable food items and DO NOT include pet food, alcohol (inculding beer), toiletries, pottery, clothing, etc.

Claims are subject to audit. Retain ALL other receipts and provide if and when requested.

Employee Signature: _____ Date: _____

TO BE COMPLETED AFTER CHR REVIEW

I acknowledge the total amount computed by CHR to be added to/deducted from my final TQSA Claim amount (SF-1190).

Employee Signature: _____ Date: _____