FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT (SF-1190)

FOR OFFICIAL USE ONLY

Voucher Number

Authorization/ Grant Number

1. Employee Name *(Last, First, MI)*	2. Social Security Number
3. Agency	4. Bureau/Office

5. Pay Plan	6. Series	7. Grade	8. Annual Salary	9. Position Title

10. Current Post/Country of Assignment/Locality	11. Date of Arrival *(mm-dd-yyyy)*	12. Previous Post of Assignment

13. Mailing Address	13a. E-mail Address

14. If Local Hire: Date *(mm-dd-yyyy)*	14a. Reason for Presence

15. If Spouse or Domestic Partner is Employed by the U.S. Government ☐ Yes ☐ No

Spouse or Domestic Partner Name *(Last, First, MI)*	Social Security Number	Allowances Received

16. Family Domiciled at Post

Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner *(mm-dd-yyyy)*	% Support	Date of Arrival at Post *(mm-dd-yyyy)*	Allowances Received

17. Family Domiciled Away from Post

Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner *(mm-dd-yyyy)*	% Support	Date of Departure from Post *(mm-dd-yyyy)*	Residence Address/Telephone Cell Phone/E-mail *(please provide all)*

18. Remarks

Privacy Act Statement: Solicitation of this information is authorized under 5 U.S.C. 5922, E.O. 9397 and E.O. 10903, Section 1(b-2) and DSSR Section 073.4. The information is used to determine employee eligibility for and appropriate amounts of allowances. All forms are subject to fiscal audit by the employee's parent agency and GAO. The Office of Allowances, U.S. Department of State, will review forms to set LQA rates. Lack of requested information may result in erroneous or unauthorized allowances.

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19. Employee Name *(Last, First, MI)*

20. Social Security No.

21a. ***Payments* [*Check box(es). For calculations see DSSR chapter exhibits.*]**

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	TQSA - Temporary Quarters Subsistence Allowance - *(DSSR 120)*	
	Advanced Beg. Date *(mm-dd-yyyy)* End Date *(mm-dd-yyyy)*	
	Biweekly Beg. Date *(mm-dd-yyyy)* End Date *(mm-dd-yyyy)*	
	Lump Sum *(upon completion)* Beg. Date *(mm-dd-yyyy)* End Date *(mm-dd-yyyy)*	
	LQA - Living Quarters Allowance *(DSSR 130)* [ ] Repair Allowance *(DSSR 137)* [ ] EQA - Extraordinary Quarters Allowance *(DSSR 138)* [ ]	
	PA - Post Allowance - *(DSSR 220)*	
	Transfer Allowance: Foreign *(DSSR 240)* [ ] or Home Service *(DSSR 250)* [ ] Portion(s): Subsistence [ ] Miscellaneous [ ] Wardrobe [ ] Lease Penalty [ ]	
	SMA - Separate Maintenance Allowance - *(DSSR 260)* Voluntary [ ] Involuntary [ ]	
	TSMA - Transitional Separate Maintenance Allowance *(DSSR 260)* 262.3a [ ] 262.3b [ ] 262.3c [ ] 262.3d [ ] 262.3e [ ]	
	Education Allowance *(DSSR 270)* [ ] or Travel *(DSSR 280)* [ ]	
	PD - Post *(Hardship)* Differential *(DSSR 500)*	
	SND - Service Need Differential *(Difficult to Staff Incentive Differential) (DSSR 1000)*	
	DP - Danger Pay *(DSSR 650)* 652f [ ] or 652g [ ]	
Total Amount Claimed		

21b. Advances

	LQA *(DSSR 130)* Beg. Date *(mm-dd-yyyy)* End Date *(mm-dd-yyyy)* Number of Months U.S. Dollar Payment Foreign Currency Payment	
	Transfer Allowance: Foreign *(DSSR 240)* [ ] or Home Service *(DSSR 250)* [ ] Portion(s): Subsistence [ ] Miscellaneous [ ] Wardrobe [ ] Lease Penalty [ ]	
	Advance of Pay *(DSSR 850)* This advance will be repaid in _____ pay periods. Travel Authorization or _____ Permanent Change of Station *(PCS)* Number _____ Name of Issuing Authority	

22a. If Electronic Funds Transfer *(EFT)* Mark one: [ ] Checking [ ] Savings

Financial Institution Name	Financial Institution Mailing Address
Routing Number	Account Number *(including any suffix)*

22b. If Paid by Check - Mailing Address, City, State, ZIP Code

23. Accounting Classification(s)

24. **Employee Statement and Signature:** The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties *(including fines and imprisonment)* under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.

Employee's Signature: _____ Date *(mm-dd-yyyy)* _____

Spouse's or Domestic Partner's Signature: _____ Date *(mm-dd-yyyy)* _____
(If Applying for SMA on Behalf of Spouse or Domestic Partner)

25. Approving/Reviewing Official Signature When Required	Date *(mm-dd-yyyy)*
26. Certifying Official: The Above Request is Certified as Correct and Proper for Payment Authorized Certifying Official's Signature	Date *(mm-dd-yyyy)*