

## TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

|                           |               |     |
|---------------------------|---------------|-----|
| NAME (Last, First, MI)    | RANK/RATE     | SSN |
| COMMAND REPORTING TO/FROM | NAME OF HOTEL |     |

### FAMILY MEMBERS ON STATION

| NAME (Last, First, MI) | RELATIONSHIP | DATE OF BIRTH |
|------------------------|--------------|---------------|
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**FOR ARRIVAL TLA:**

DATE MEMBER REPORTED TO PRESENT COMMAND: \_\_\_\_\_

DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND: \_\_\_\_\_

THIS IS THE \_\_\_\_\_ CLAIM

MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.

**FOR DEPARTURE TLA:**

ACTUAL DATE OF DETACHMENT: \_\_\_\_\_

MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR.

MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.

**MEMBER'S STATEMENT:**

I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT I  AM /  AM NOT IN A PER DIEM STATUS. I UNDERSTAND

THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND I  DID /  DID NOT UTILIZE GOVERNMENT MESS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS  DO /  DO NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.

**WARNING:**

THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).

**PRIVACY ACT STATEMENT:**

THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.

1. AUTHORITY: 37 USC 1006
2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA).
3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT.
4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.

|                  |      |
|------------------|------|
| MEMBER SIGNATURE | DATE |
|------------------|------|

|                            |                       |                                    |
|----------------------------|-----------------------|------------------------------------|
| A. LOCALITY PER DIEM RATE: | B. NUMBER OF PERSONS: | C. PERCENT OF PER DIEM APPLICABLE: |
| D. MAXIMUM TLA PAYABLE:    | E. FSA-I DAILY RATE:  | F. BAQ DAILY RATE:                 |
|                            |                       | G. BAS DAILY RATE:                 |

1. DETERMINE THE PERCENTAGE TO BE USED BASED ON NUMBER OF COMMAND SPONSORED DEPENDENTS: \_\_\_\_\_ %
 

|                                  |      |
|----------------------------------|------|
| MEMBER ONLY or 1 FAMILY MEMBER   | 65%  |
| MEMBER and 1 or 2 FAMILY MEMBERS | 100% |
| MEMBER and 2 FAMILY MEMBERS      | 125% |

FOR EACH ADDITIONAL FAMILY MEMBER, ADD 25%
2. DETERMINE THE M&IE EQUIVALENCY FROM JFTR APPENDIX B:  
*(If temporary quarters contain facilities for preparing and consuming meals, use 50% of the M&IE rate)* \$ \_\_\_\_\_
3. MULTIPLY PERCENTAGE ( \_\_\_\_\_ %) IN #1 BY AMOUNT (\$ \_\_\_\_\_) IN #2: \$ \_\_\_\_\_
4. DETERMINE DAILY LODGING COST BY DIVIDING TOTAL COST OF LODGING (\$ \_\_\_\_\_) BY NUMBER OF DAYS ( \_\_\_\_\_) IN TLA PERIOD: \$ \_\_\_\_\_
5. ADD AMOUNTS IN #3 AND #4: \$ \_\_\_\_\_
6. DETERMINE THE NET DAILY EQUIVALENCY:
 

|                  |          |
|------------------|----------|
| FSA-I DAILY RATE | \$ _____ |
| BAQ DAILY RATE   | \$ _____ |
| BAS DAILY RATE   | \$ _____ |
7. DEDUCT AMOUNT IN #6 FROM AMOUNT IN #5: \$ \_\_\_\_\_
8. DETERMINE MAXIMUM TLA ALLOWANCE BY MULTIPLYING PERCENTAGE ( \_\_\_\_\_ %) IN #1 BY THE LOCALITY PER DIEM RATE (\$ \_\_\_\_\_) IN JFTR APPENDIX B:  
*(If temporary quarters contain facilities for preparing and consuming meals, multiply the percentage in #1 by the total of the daily lodging amount and 50% of the M&IE allowance)* \$ \_\_\_\_\_
9. DETERMINE THE DAILY RATE: *(the lesser of the amount in #7 and #8)* \$ \_\_\_\_\_
10. DETERMINE THE TOTAL TLA ENTITLEMENT: *(multiply the amount in #9 by the number of days in the TLA period)* \$ \_\_\_\_\_

**TLA COMPUTATION WHEN PERMANENT QUARTERS ARE BEING RENOVATED OR LACK STOVE AND/OR REFRIGERATOR:**

1. FOLLOW PROCEDURES IN #1 THROUGH #3 ABOVE: \$ \_\_\_\_\_
2. ENTER BAS DAILY RATE: *(Block G, above)* \$ \_\_\_\_\_
3. SUBTRACT LINE 2 FROM LINE 1 AND ENTER DIFFERENCE: *(NAVCOMPT 3063 amount)* \$ \_\_\_\_\_
4. ENTER NUMBER OF DAYS IN COMPUTATION PERIOD: \$ \_\_\_\_\_
5. MULTIPLY LINE 3 BY LINE 4 AND ENTER TOTAL: \$ \_\_\_\_\_

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| <p><b>TLA CHECK LIST:</b></p> <p>_____ MEMBER REVIEWED AND SIGNED TLA BRIEFING SHEET AND TLA WORKSHEET</p> <p>_____ RECEIVED PAID LODGING RECEIPTS</p> <p>_____ RECEIVED TLA AUTHORIZATION FROM HOUSING OFFICE <i>(original required for each TLA payment)</i></p> <p>_____ RECEIVED CERTIFICATION FOR NON-AVAILABILITY OF GOVERNMENT QUARTERS FROM BEQ FOR UNACCOMPANIED/SINGLE PERSONNEL <i>(original required for each TLA payment)</i></p> <p>_____ RECEIVED "ACTIVE HOUSING SEARCH FORM" FROM HOUSING OFFICE <i>(required for 2nd and subsequent TLA payments)</i></p> | <p><b>FOR FINAL TLA PAYMENT: <i>(Additional Requirements)</i></b></p> <p>_____ RECEIVED CERTIFICATION OF ASSIGNMENT TO QUARTERS FROM THE HOUSING/BILLETING OFFICE OR COPY OF LEASE/RENTAL PAPERS</p> <p>_____ RECEIVED OHA CERTIFICATE SIGNED BY HOUSING OFFICER AND THE MEMBER'S COMMANDING OFFICER; START OHA START COLA</p> <p>_____ STOP BAQ FOR PERSONNEL MOVING INTO QUARTERS <i>(except members on unaccompanied tours)</i></p> <p>_____ UPDATE PAGE 2 <i>(NAVPERS 1070/602)</i></p> |
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|  |           |                |
|--|-----------|----------------|
| PRINTED NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE COMPLETED |
|--|-----------|----------------|

