

TEMPORARY LODGING EXPENSE ALLOWANCE CERTIFICATION

Name:	SSN:
Name/location of last permanent duty station (PDS)/homeport/designated place	
Date detached from last PDS:	Date reported to new PDS:

Dependent Information

Name	Relationship	Date of birth/marriage

TLE at Old PDS

Temporary lodging was obtained at:	
Daily cost of lodging: \$ _____ (receipts attached).	

TLE at New PDS

Temporary lodging was obtained at:	
Daily cost of lodging: \$ _____ (receipts attached).	

Dates Temporary Lodging Occupied

Prior to Detachment		to	
After Reporting (for dependents after arrival at new PDS)		to	

I certify that in connection with _____ departure from, and/or _____ arrival at my permanent duty station, homeport, or designated place, I was required to obtain temporary lodging for __ myself; or __ myself and dependents listed above; or __ N/A __ dependents only as listed above. I also certify that these quarters were not my permanent quarters at either the old or the new permanent duty station."

Provide copy of CNA if available or sign below statement to attest that no GOVT Quarters were available when contacted.

I certify GOVT QTRS were not available upon detaching LPDS or arrival at new PDS.

Members signature _____

Date _____

Member's Signature	Date:
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Interviewed by:

NPPSC FORM (08-12) Revised to reflect CNA requirement change

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