



ITEMIZATION OF ACTUAL SUBSISTENCE EXPENSES WHILE OCCUPYING TEMPORARY QUARTERS

Employee's Name

Travel Authorization No.

Date of Travel Authorization

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Actual Subsistence Expense Incurred							Allowable Amount
Date	Vendor	Lodging	Meals	Laundry/ Dry Cleaning	Other	If other, describe	This claim is for the (first) (second) (subsequent) thirty day period. (Circle the correct choice.)
							Employee _____ days @ _____ = \$ _____ Unaccompanied Spouse _____ days @ _____ = \$ _____ Accompanied Spouse _____ days @ _____ = \$ _____ Family Member(s) 12 and older _____ days @ _____ = \$ _____ Family Member(s) under 12 _____ days @ _____ = \$ _____ Total Maximum Allowable \$ _____
							Total Actual Subsistence Expenses
							Total Actual Subsistence Expenses Incurred \$ _____
							Total Amount Claimed
							Total Amount Claimed \$ _____
							(Enter the lessor of the maximum allowable amount or the total actual expenses incurred.)
							You must provide receipts for:
							(1) Any lodging amounts; and
							(2) Any other item of expense which is \$75 or more.
TOTALS (This page)							
TOTALS (All pages (if page 1))							

Privacy Act Notice: Under the Federal Aviation Administration Travel Policy, the information requested is needed to determine payment for or reimbursement of allowable temporary quarters subsistence expenses and to record and maintain costs of such reimbursement. Information hereon may be disclosed to civil agencies under certain circumstances. Failure to provide pertinent information may result in delay or loss of reimbursement.