

### **TEMPORARY QUARTERS** SUBSISTENCE EXPENSES WORKSHEET



Authority: The following constitutes the terms and conditions required by the Federal Travel Regulation (FTR), Part 302-6, Temporary Quarters Subsistence Expenses and the Department of the Interior, Permanent Change of Station Handbook (October 2012).

Form Instructions: The term "temporary quarters" refers to lodging obtained for the purpose of temporary occupancy from a private or commercial source to be occupied temporarily by the employee or members of his/her immediate family until more suitable permanent lodging can be obtained. Temporary Quarters Subsistence Expense (TQSE) are subsistence expenses incurred by an employee and/or his/her immediate family while occupying temporary quarters. Temporary quarters may be obtained at either the old official duty station or the new official duty station. TQSE does not include transportation expenses incurred during occupancy of temporary quarters. Reimbursement of TQSE will be on an actual expense basis for lodging, meals, and laundry/dry cleaning. Your agency will pay your actual TQSE incurred, provided that expenses are reasonable and do not exceed the maximum allowable amount. The "maximum allowable amount" is the "maximum daily amount" multiplied by the number of days you actually incur TOSE not to exceed the number of days authorized, taking into account that the rates change after 30 days in TOSE. The "applicable per diem rate" under the actual TQSE reimbursement method is the standard CONUS rate (OCONUS is the locality rate). For actual TQSE reimbursement, you must document your TQSE by itemizing each expense. You must also provide a lodging receipt (lodging receipts must show the name and address of the lodging establishment, as well as the period of time covered and the method and amount of payment) and a receipt for every authorized expense over \$75.00. TOSE reimbursement for yourself and for each member of your immediate family must run concurrently. *Repetitive amounts claimed for meals* and/or repetitive daily totals, based upon maximum allowable rates, are not actual expenses and will not be reimbursed.

| A separate form must               | t be prepared for each 30-day period | for which reimbursemen  | t is being claimed.   |                     |  |
|------------------------------------|--------------------------------------|---|-----------------------|---------------------|--|
| art 1: EMPLOYEE INFORM             | ATION                                |   |                       |                     |  |
| First Name                         |                                      | Last Name   |                       |                     |  |
| Date Enroute Travel Completed      | Date Entered                         | TQSE  | Date Vacated TQSF     | E                   |  |
| Date Vacated                       | Old Residence                        | Date (  | Occupied New Reside   | ence                |  |
| Employee                           | Dependents                           | Employee  |                       | Dependents          |  |
| r - y - ·                          | - P                                  |   |                       | ·P                  |  |
| Part 2: IMMEDIATE FAMILY  Dependen | INFORMATION                          | ll immediate family wi<br>Use continuation page<br>Relationship Typ | if needed for additio |                     |  |
| Берение                            | it rune                              | Relationship Typ  | ngc ngc               | " Of Days III 1 QOL |  |
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|                                    |                                      |   |                       |                     |  |

#### Part 3: TDY PERFORMED

List dates you were in TDY status during your PCS move. Use continuation page if needed for additional TDY.

| Dates     | of TDY |                      | Dates of TDY |        |                      |
|-----------|--------|----------------------|--------------|--------|----------------------|
| Beginning | Ending | TDY Travel Voucher # | Beginning    | Ending | TDY Travel Voucher # |
|           |        |                      |              |        |                      |
|           |        |                      |              |        |                      |
|           |        |                      |              |        |                      |
|           |        |                      |              |        |                      |
|           |        |                      |              |        |                      |

| Day | DATE | C         | it receipt(s)<br>OST OF MEA | LS     | FEES &   | COST OF    | LAUNDRY<br>& DRY | TOTAL | Centrally<br>Billed | LODGING | TOTAL EXPENSES |
|-----|------|-----------|-----------------------------|--------|----------|------------|------------------|-------|---------------------|---------|----------------|
| #   |      | Breakfast | Lunch                       | Dinner | TIPS     | GROCERIES  | CLEANING         |       | LODGING             |         | FOR THE DA     |
|     |      |           |                             |        |          |            |                  |       |                     |         |                |
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|     |      |           |                             |        |          |            |                  |       |                     |         |                |
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|     |      |           |                             |        |          |            |                  |       |                     |         |                |
|     |      |           |                             |        |          |            |                  |       |                     |         |                |
|     |      |           |                             | Acti   | ual Expe | ense Grand | Totals           |       |                     |         |                |

Claim this amount on your OF1012/Travel Voucher (CB lodging has been deducted)

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## ADDITIONAL IMMEDIATE FAMILY INFORMATION

# List additional immediate family who will be occupying TQSE with you.

| Dependent Name | Relationship Type | Age | # of Days in TQSE |
|----------------|-------------------|-----|-------------------|
|                |                   |     |                   |
|                |                   |     |                   |
|                |                   |     |                   |
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#### **ADDITIONAL TDY PERFORMED** List additional dates you were in TDY status during your PCS move.

| Dates of TDY |        |                      | Dates of TDY |        |                      |
|--------------|--------|----------------------|--------------|--------|----------------------|
| Beginning    | Ending | TDY Travel Voucher # | Beginning    | Ending | TDY Travel Voucher # |
|              |        |                      |              |        |                      |
|              |        |                      |              |        |                      |

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