FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT

INTERAGENCY REPORT CONTROL NUMBER	VOUCHER NUMBER
1170-DOS-AN	

1. EMPLOYEE NAME *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NUMBER
3. AGENCY	4. AUTHORIZATION/GRANT NUMBER
5. PAY PLAN/SERIES/GRADE/ANNUAL SALARY	6. POSITION TITLE

7. CURRENT POST/COUNTRY OF ASSIGNMENT/LOCALITY CODE	8. DATE OF ARRIVAL	9. PREVIOUS POST OF ASSIGNMENT

10. MAILING ADDRESS

11. IF LOCAL HIRE: DATE OF ARRIVAL AT POST/REASON FOR PRESENCE

12. IF SPOUSE IS EMPLOYED BY THE US GOVERNMENT: NAME/SOCIAL SECURITY NUMBER/ALLOWANCES RECEIVED

13. FAMILY DOMICILED AT POST

NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE *(MM/DD/YY)*	% SUPPORT	DATE OF ARRIVAL AT POST	RESIDENCE ADDRESS

14. FAMILY DOMICILED AWAY FROM POST

NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE *(MM/DD/YY)*	% SUPPORT	DATE OF DEPARTURE FROM POST	RESIDENCE ADDRESS

15. 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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VOUCHER NUMBER

16. EMPLOYEE NAME *(Last, First, Middle Initial)*

17. SOCIAL SECURITY NUMBER

18a. PAYMENTS/ENTITLEMENTS *[Check box(es). For calculations see DSSR chapter exhibits.]*	FOR OFFICIAL USE ONLY
TQSA - TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE - (DSSR 120)	$
Advance Beg. Date End Date	
Biweekly Beg. Date End Date	
Lump Sum *(upon completion)* Beg. Date End Date	
LQA - LIVING QUARTERS ALLOWANCE - (DSSR 130) U.S. Dollar Payment _____ Foreign Currency Payment	
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)	
EDUCATION: ALLOWANCE (DSSR 270) [ ] *or* TRAVEL (DSSR 280) [ ]	
PD - POST DIFFERENTIAL - (DSSR 500)	
DP - DANGER PAY - (DSSR 650) 652f [ ] *or* 652g [ ]	
Total Amount Claimed	

18b. ADVANCES	
LQA Beg. Date _____ End Date _____ # of Months _____ U.S. Dollar Payment Foreign Currency Payment	$
TRANSFER ALLOWANCE: Foreign [ ] *or* Home Service [ ] 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 Activity	

METHOD OF PAYMENT

19a. If Electronic Funds Transfer (EFT) Mark one: [ ] Checking [ ] Savings

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION MAILING ADDRESS
ROUTING NUMBER	ACCOUNT NUMBER *(including any suffix)*

19b. IF BY CHECK

CHECK MAILING STREET ADDRESS

CHECK MAILING CITY, STATE, ZIP CODE

20. ACCOUNTING CLASSIFICATION(S):

21. ***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:

22. APPROVING/REVIEWING OFFICIAL SIGNATURE WHEN REQUIRED:

DATE:

23. CERTIFYING OFFICIAL: THE ABOVE REQUEST IS CERTIFIED AS CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE: DATE: