

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT		INTERAGENCY REPORT CONTROL NUMBER 1170-DOS-AN		VOUCHER NUMBER	
1. EMPLOYEE NAME (<i>Last, First, Middle Initial</i>)		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 KADENA AB, OKINAWA, JAPAN		8. DATE OF ARRIVAL (<i>mm-dd-yyyy</i>)		9. PREVIOUS POST OF ASSIGNMENT	
10. MAILING ADDRESS					
11. IF LOCAL HIRE: DATE (<i>mm-dd-yyyy</i>) 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 (<i>mm-dd-yyyy</i>)	% SUPPORT	DATE OF ARRIVAL AT POST (<i>mm-dd-yyyy</i>)	RESIDENCE ADDRESS
			0		
			0		
			0		
			0		
			0		
14. FAMILY DOMICILED AWAY FROM POST					
NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE (<i>mm-dd-yyyy</i>)	% SUPPORT	DATE OF DEPARTURE FROM POST (<i>mm-dd-yyyy</i>)	RESIDENCE ADDRESS
			0		
			0		
			0		
			0		
			0		
15. REMARKS					
<p>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.</p>					

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16. EMPLOYEE NAME <i>(Last, First, Middle Initial)</i>		17. SOCIAL SECURITY NUMBER
18a. PAYMENTS/ENTITLEMENTS <i>[Check box(es). For calculations see DSSR chapter exhthtis.]</i>		FOR OFFICIAL USE ONLY
<input type="checkbox"/>	TQSA - TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE - (DSSR 120)	
<input type="checkbox"/>	Advance Beg. Date <i>(mm-dd-yyyy)</i> End Date <i>(mm-dd-yyyy)</i>	
<input type="checkbox"/>	Biweekly Beg. Date <i>(mm-dd-yyyy)</i> End Date <i>(mm-dd-yyyy)</i>	
<input type="checkbox"/>	Lump Sum <i>(upon completion)</i> Beg. Date <i>(mm-dd-yyyy)</i> End Date <i>(mm-dd-yyyy)</i>	
<input type="checkbox"/>	LQA - LIVING QUARTERS ALLOWANCE - EFF Date: (DSSR 130) F/M:	
<input type="checkbox"/>	PA - POST ALLOWANCE - (DSSR 220)	
<input type="checkbox"/>	TRANSFER ALLOWANCE: FOREIGN (DSSR 240) [<input type="checkbox"/>] <i>or</i> HOME SERVICE (DSSR 250) [<input type="checkbox"/>] Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]	
<input type="checkbox"/>	SMA - SEPARATE MAINTENANCE ALLOWANCE - (DSSR 260) Voluntary [<input type="checkbox"/>] Involuntary [<input type="checkbox"/>] <i>(For convenience of (J.S. government)</i>	
<input type="checkbox"/>	T SMA - TRANSITIONAL SEPARATE MAINTENANCE ALLOWANCE - (DSSR 260) Unaccompanied Post [<input type="checkbox"/>] Completion of School Semester [<input type="checkbox"/>]	
<input type="checkbox"/>	EDUCATION: ALLOWANCE (DSSR 270) [<input type="checkbox"/>] <i>or</i> TRAVEL (DSSR 280) [<input type="checkbox"/>]	
<input type="checkbox"/>	PD - POST DIFFERENTIAL - (DSSR 500)	
<input type="checkbox"/>	DP- DANGER PAY - (DSSR 650) 652f [<input type="checkbox"/>] <i>or</i> 652g [<input type="checkbox"/>]	
Total Amount Claimed		
18b. ADVANCES		
<input type="checkbox"/>	LQA Beg. Date _End Date <i>(mm-dd-yyyy)</i> # of Months U.S. Dollar Payment Foreign Currency Payment	
<input type="checkbox"/>	TRANSFER ALLOWANCE: Foreign [<input type="checkbox"/>] <i>or</i> Home Service [<input type="checkbox"/>] Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]	
<input type="checkbox"/>	ADVANCE OF PAY (DSSR 850) This advance will be repaid in pay periods. Travel Authorization <i>or</i> Permanent Change of Station (PCS) Number Name of Issuing Activity	
METHOD OF PAYMENT		
19a. If Electronic Funds Transfer (EFT) Mark one: [<input type="checkbox"/>] Checking [<input type="checkbox"/>] Savings		
FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION MAILING ADDRESS
ROUTING NUMBER		ACCOUNT NUMBER <i>(including any suffix)</i>
19b. IF BY CHECK		
CHECK MAILING STREET ADDRESS		
CHECK MAILING CITY, STATE, ZIP CODE		
20. ACCOUNTING CLASSIFICATION(S):		
<p>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.</p>		
EMPLOYEE'S SIG NATURE:		DATE: <i>(mm-dd-yyyy)</i>
22. APPROVING/REVIEWING OFFICIAL SIGNATURE WHEN REQUIRED		
		DATE: <i>(mm-dd-yyyy)</i>
23. CERTIFYING OFFICIAL: THE ABOVE REQUEST IS CERTIFIED AS CORRECT AND PROPER FOR PAYMENT		
AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE:		DATE: <i>(mm-dd-yyyy)</i>