

TLE WORKSHEET

Name: _____ Rank: _____ SSN: _____

Lodging Cost Per Day: _____ # of Dependents in TLF: _____ Did MBR occupy TLF (Yes or No): _____ Did lodging contain cooking facilities (Yes or No): _____

Period Covered: _____

(1) Actual cost of lodging per day: \$ _____

Date											
Per Diem Rate											
1. Lodging											
2. Max TLE											
3. Meal %											
4. Add 1 and 3											
5. Add BAH & BAS											
6. Subtract from 4											
7. Lesser of 2 and 6											

(2) Maximum TLE payable (See computation rate below): \$ _____
 (3) Meals percentage 46% W/O or 23% w/cooking facilities: \$ _____
 (4) Add results of Steps (1) and (3): \$ _____
 (5) Subtract allowance paid for period, as applicable. BAS _____ and BAH _____ \$ _____
 (6) Pay lesser of (2) or (6) not to exceed \$180.00 for each day payable
 No of Days _____ x \$ _____ \$ _____

NOTES:

1. Any day differing from any other day requires separate computation.
2. At no time will the TLE paid exceed the maximum payable.
3. Maximum TLE payable computations:

$$\begin{array}{l}
 \$ \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \% = \$ \underline{\hspace{2cm}} \\
 \text{(Area rate of TLF utilized) x (occupancy percentage)} \qquad \qquad \qquad \text{(If TLF contains cooking facilities multiply maximum TLE x 77\%)}
 \end{array}$$

4. Determining occupancy percentage:

a. Member or one dependent	65%
b. Member and one dependent or two dependents	100%
c. Each additional dependent	25%
(Example: Member and three dependents 100 + 25 = 25)	
	150%
5. Member not in receipt of a BAH cannot be deducted that allowance. Use rates member received during period claimed.

I certify that (I and/or my dependents listed on claim) incurred temporary lodging expenses. Government QTRS (were/were not) available for use as temporary lodging.

(Member's Signature)

(Date)