

# 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:  

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \% = \text{\$ } \underline{\hspace{2cm}}$$

(Area rate of TLF utilized) x (occupancy percentage)
(If TLF contains cooking facilities multiply maximum TLE x 77%)
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)