

Lodging Location: _____

Temporary Quarters Subsistence Allowance (TQSA) Daily Itemization of Expenses Claimed

Date	Lodging Cost	# of Persons		Meal Costs (Include Tips)			Laundry/ Dry Cleaning	Groceries
		Employee Only	# of Dependents	B'fast	Lunch	Dinner		

Office Use Only

1st Thirty Days \$_____ 2nd Thirty Days \$_____ 3rd Thirty Days \$_____

\$ Total								
Euro Total								

Employee Name (Printed)

Signature

Date