

# FTA - Foreign Transfer Allowance Worksheet (DSSR 240)

Allowable expenses under the Foreign Transfer Allowance are calculated here to process a claim on the SF-1190.

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

## MISCELLANEOUS EXPENSE PORTION (ONLY FOR DOD NEW APPOINTEES ASSIGNED TO FIRST PDS)

May be paid between U.S. and foreign location or between two foreign locations.

1. \_\_\_\_\_ **Flat rate (no receipts required)**      OR      2. \_\_\_\_\_ **Itemized (DSSR 241.2a, receipts required)**  
 \_\_\_\_\_ Without family \$ 650\*                                      \_\_\_\_\_ Without family: lesser of one week's salary or GS-13, step 10  
 \_\_\_\_\_ With family \$ 1.300\*    \_\_\_\_\_ With family: lesser of two week's salary or GS-13, step 10

\*or the equivalent of one week's pay, whichever is the lesser amount.

## PRE-DEPARTURE SUBSISTENCE EXPENSE PORTION

- Paid only when transferring from post in United States (DSSR 241.1c) to post in foreign area.
- Based on per diem for post of assignment in U.S. regardless of where days are spent.
- Paid up to 10 days before final departure to foreign post, beginning not more than 30 days after residence quarters have been vacated.
- Ten days may be spent anywhere in U.S., however, **final departure must be from U.S. post of assignment.**

**U.S. post assignment (work location):** \_\_\_\_\_  
**Date vacated permanent residence:** \_\_\_\_\_  
**Date PCS began:** \_\_\_\_\_  
**If driving, date dropped vehicle at port:** \_\_\_\_\_  
**Final U.S. departure location:** \_\_\_\_\_

The following table is set up to accommodate the "total actual subsistence method" (DSSR 242.3b).

<b>Initial occupant</b>	1	100% of Per Diem	\$
<b>Family members 12 years and over</b>		75% of Per Diem	\$
<b>Family members under 12 years</b>		50% of Per Diem	\$
<b>Maximum daily family rate</b>			<b>\$</b>

### Only ten (10) days are allowed for the entire family

Date	(A) Lodging (Exclude Tax)	(B) Per Day Meal/Laundry/Dry Cleaning Statement	(C) Total per day (A+B)	(D) Maximum daily family rate	(E) Maximum daily allowable (lesser of C or D)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

<b>Allowable expenses claimed:</b>	<b>\$</b>
<b>Lodging Tax:</b>	<b>\$</b>
<b>Sub-total:</b>	<b>\$</b>
<b>Less Advance:</b>	<b>\$</b>
<b>TOTAL RECONCILED TO EMPLOYEE:</b>	<b>\$</b>

### EMPLOYEE STATEMENT

I certify that:  
 \_\_\_\_\_ I have received an advance for FTA before my arrival in Sigonella in the amount of \$ \_\_\_\_\_  
 \_\_\_\_\_ I have not received an advance for FTA before my arrival in Sigonella.

**Furthermore, I certify that the expenses and information provided above are true and accurate.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED AFTER CHR REVIEW

**I acknowledge the total amount computed by the Civilian Human Resources (CHR) office.**  
 Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_