

## LIVING QUARTERS ALLOWANCE COMPUTATION WORKSHEET ANNUAL REVIEW

**PART I** **YEAR:** \_\_\_\_\_

This form **MUST** be submitted on the following occasions:  
(1) initial reconciliation; (2) 12-month anniversary following a change of quarters; or (3) at request of employee or management.

**PART II**

Name	<input style="width: 90%;" type="text"/>	Grade	<input style="width: 90%;" type="text"/>	Activity	<input style="width: 90%;" type="text"/>
Phone	<input style="width: 90%;" type="text"/>	Fax:	<input style="width: 90%;" type="text"/>	Email	<input style="width: 90%;" type="text"/>
Move-in Date	<input style="width: 90%;" type="text"/>	Move-out Date	<input style="width: 90%;" type="text"/>		
With Family	<input style="width: 90%;" type="text"/>	Without Family	<input style="width: 90%;" type="text"/>		
# of dependents	<input style="width: 90%;" type="text"/>				

MONTH		Monthly Expenditures for Allowable Expenses (Express in US Dollars or Euro)								
		RENT	CONDOMINIUM	HEAT		ELEC	WATER	GARBAGE	OTHER	
		Euro	Euro	US	Euro	Euro	Euro	Euro	US	Euro
<b>TOTAL</b>										

\* Please provide forwarding address: \_\_\_\_\_  
and new office phone & fax numbers: \_\_\_\_\_ DSN: \_\_\_\_\_ COMM: \_\_\_\_\_

A penalty for presenting a false or fraudulent claim a fine of not more than \$10,000 or imprisonment for not more than 5 years or both, is authorized in 18 U.S.C. 287 and 1001. Falsification of an item in a claim may result in forfeiture of the entire claim as provided in 28 U.S.C. 2514.

**EMPLOYEE STATEMENT**  
I certify that the information given on the form is true and correct to the best of my knowledge and belief.

Signature	Date
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