TEMPORARY	QUARTERS EXPENSE REPORT
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1. EMPLOYEE NAME (First, Middle, Last)	2. TRAVEL AUT	HORIZATION NUMBER				
3. WHICH 30 DAY INCREMENTS IS THIS CLAIM FOR? (0	Check one)					
1st 30 DAYS 2nd 30 DAYS	1st 30 DAYS 2nd 30 DAYS			4th 30 DAYS		
4. OCCUPANT	NUMBER OF PERSONS	INCLUSIVE DATES	NUMBER OF DAYS	DAILY RATE	MAXIMUM TOTAL ALLOWANCE	
EMPLOYEE						
SPOUSE						
OTHER FAMILY MEMBER (12 years or older)						
FAMILY MEMBER (under 12 years)						
				TOTAL \$		
 ITEMIZE DAILY EXPENSES ON PAGE 2 OF THIS FOR COIN OPERATED LAUNDRY OR DRY CLEANING FAC IF MEALS ARE TAKEN SEPARATELY, YOU MUST LIS 	CILITIES ARE USED	AND ANY MEAL COSTING O	VER [®] \$25, REGA	RDLESS OF THE	E NUMBER OF PEOPLE.	
	тоти	AL ITEMIZED EXPENSI	ES PAGE 2	\$		
6. ENTER THE LESSOR OF THE MAXIMUM TOTAL ALLO EXPENSES (<i>Line 5</i>). ENTER THIS AMOUNT ON THE A				\$		

7. LOCATION OF TEMPORARY QUARTERS (Name of establishment, street address, city, state)

NOTE: IF EMPLOYEE OCCUPIES TEMPORARY QUARTERS AT ONE LOCATION WHILE MEMBERS OF THE IMMEDIATE FAMILY OCCUPY TEMPORARY QUARTERS IN ANOTHER LOCATION, A SEPARATE GSA 2511 SHOULD BE MAINTAINED FOR EACH LOCATION AND THEN COMBINED INTO A SUMMARY GSA FORM 2511. REMARKS

PRIVACY ACT OF 1974

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine your eligibility for and amount to reimburse you for expenses incurred in connection with permanent change of station travel. Information may be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we will not be able to reimburse you for your expenses.

DATE	BREAKFAST	LUNCH	DINNER	GROCERIES	LAUNDRY	DRY CLEANING	LODGING	DAILY TOTAL
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IEM	ORARY QU	ARTERS EXPENSE	REPOR			
1. EMPLOYEE NAME (First, Middle, Last)				2. TRAVEL AUT	HORIZATION NUMBER	
3. WHICH 30 DAY INCREMENTS IS THIS CLAIM FOR? (Check one)					
1st 30 DAYS 2nd 30 DAYS	1st 30 DAYS 2nd 30 DAYS			4th 30 DAYS		
4. OCCUPANT	NUMBER OF PERSONS	INCLUSIVE DATES	NUMBER OF DAYS	DAILY RATE	MAXIMUM TOTAL ALLOWANCE	
EMPLOYEE				TOTE		
SPOUSE						
OTHER FAMILY MEMBER						
(12 years or older)						
FAMILY MEMBER						
(under 12 years)						
				TOTAL \$		
5. ITEMIZE DAILY EXPENSES ON PAGE 2 OF THIS FOR COIN OPERATED LAUNDRY OR DRY CLEANING FAC IF MEALS ARE TAKEN SEPARATELY, YOU MUST LIS	CILITIES ARE USED	AND ANY MEAL COSTING O	VER \$25, REGA	RDLESS OF THE	E NUMBER OF PEOPLE.	
		AL ITEMIZED EXPENSE	ES PAGE 2	\$		
6. ENTER THE LESSOR OF THE MAXIMUM TOTAL ALL EXPENSES (<i>Line 5</i>). ENTER THIS AMOUNT ON THE				\$		

7. LOCATION OF TEMPORARY QUARTERS (Name of establishment, street address, city, state)

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1. EMPLOYEE NAME (First, Middle, Last)					2. TRAVEL AUT	HORIZATION NUMBER	
3. WHICH 30 DAY INCREMENTS IS THIS C	LAIM FOR? (Check	one)					
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4. OCCUPANT		IMBER OF ERSONS	INCLUSIVE DATES	NUMBER OF DAYS	DAILY RATE	MAXIMUM TOTAL ALLOWANCE	
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SPOUSE							
OTHER FAMILY MEMBER							
(12 years or older)							
FAMILY MEMBER							
(under 12 years)							
					TOTAL \$		
5. ITEMIZE DAILY EXPENSES ON PAGE 2 COIN OPERATED LAUNDRY OR DRY CL IF MEALS ARE TAKEN SEPARATELY, YO	EANING FACILITIE	ES ARE USED	AND ANY MEAL COSTING O	VER \$25, REGA	ARDLESS OF THE	E NUMBER OF PEOPLE.	
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6. ENTER THE LESSOR OF THE MAXIMUM EXPENSES (<i>Line 5</i>). ENTER THIS AMOL					\$		

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