



CIVILIAN PERSONNEL FLIGHT FACT SHEET

Current as of: 20 March 2023

TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (TQSA) FOR OUT-PROCESSING EMPLOYEES

General: TQSA may be granted to eligible employees and family members for the reasonable cost of occupying a temporary lodging facility (TLF) at the time of travel to another assignment or separation. It is intended to cover the average cost of adequate, but not elaborate or unnecessarily expensive accommodations in a hotel, pension, or other transient-type quarters, plus reasonable meal and laundry expenses.

Please note the following:

- Available for a maximum of 30 days prior to departure, but before the EOD date at the new duty station.
- **Atch 1** shows your maximum entitlement based on current rates and your family size. Please note rates may change without notice.
- Living Quarters Allowance (LQA) ends the day of the move into TLF. An overlap of LQA and TQSA for up to five days may be approved to facilitate cleaning of permanent quarters after moving out. The **Landlord Statement** must be completed and signed by the landlord and submitted to CPF to approve an overlap. Overlap is not possible if you own the residence.
- Apart from the overlap mentioned in the preceding bullet, you must physically vacate your existing living quarters for which you're receiving LQA in order to receive TQSA for your TLF, per guidance in the Department of State Standardized Regulations (DSSR) 122.1. You cannot receive TQSA for temporary lodging at the same physical address for which you were receiving LQA.
- Submit Standard Form **SF1190** and the **TQSA daily worksheet**. Make sure to list all dependents on your PCS orders that are occupying the TLF with you.
- Paid receipts are required for lodging cost only – submit all documents prior to departure to ensure prompt reimbursement. Failure to submit receipts before departure may lead to complications in receiving reimbursements later. Payments will either be made with the final salary payout or received via check in the mail. Make sure you update your forwarding address in MyPay prior to departure.
- Lodging reimbursements will be limited to use of commercial TLFs or on-base lodging. No lodging reimbursement for use of private accommodation (family/friends, etc.).
- Any changes in family size, quarters selection or other circumstances pertinent to the temporary lodging arrangements are to be reported to the CPF soonest (contact info below).

Regulations: Department of State Standardized Regulations (DSSR): <https://aoprals.state.gov/>

TQSA Outgoing Entitlement Calculation

(enter data in the Pink fields))

Employee Name:				
Location				
Rate applicability date				
	Count	Total Maximum Per Diem	Lodging	Meals& Incidentals
Allowable Rates				
Sponsor (75%)				
Dependents over 12 (50%)				
Dependents under 12 (40%)				
MAX DAILY PER DIEM				
Notes: Look up max rates for location at the following site: https://www.defensetravel.dod.mil/site/perdiemCalc.cfm			Maximum reimbursable amount upon submission of paid receipts	Daily Flat Rate

For further information please contact the Ramstein AB Benefits&Allowances Team
via Email: 86.FSS/Civ-Allowances@us.af.mil

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT (SF-1190)					<u>FOR OFFICIAL USE ONLY</u>	
1. Employee Name (<i>Last, First, MI</i>)				2. Social Security Number		Voucher Number Authorization/ Grant Number
3. Agency				4. Bureau/Office		
5. Pay Plan	6. Series	7. Grade	8. Annual Salary	9. Position Title		
10. Current Post/ Country of Assignment/Locality			11. Date of Arrival (<i>mm-dd-yyyy</i>)		12. Previous Post of Assignment	
13. Mailing Address					13a. E-mail Address	
14. If Local Hire: Date (<i>mm-dd-yyyy</i>)			14a. Reason for Presence			
15. If Spouse or Domestic Partner is Employed by the U.S. Government <input type="checkbox"/> Yes <input type="checkbox"/> No						
Spouse or Domestic Partner Name (<i>Last, First, MI</i>)				Social Security Number		Allowances Received
16. Family Domiciled at Post						
Name of Family Member (<i>Last, First, MI</i>)	Relationship	DOB Except Spouse or Domestic Partner (<i>mm-dd-yyyy</i>)	% Support	Date of Arrival at Post (<i>mm-dd-yyyy</i>)	Allowances Received	
17. Family Domiciled Away from Post						
Name of Family Member (<i>Last, First, MI</i>)	Relationship	DOB Except Spouse or Domestic Partner (<i>mm-dd-yyyy</i>)	% Support	Date of Departure from Post (<i>mm-dd-yyyy</i>)	Residence Address/Telephone Cell Phone/E-mail (<i>please provide all</i>)	
18. Remarks						
Privacy Act Statement: Solicitation of this information is authorized under 5 U.S.C. 5922, E.O. 9397 and E.O. 10903, Section 1(b-2) and DSSR Section 073.4. The information is used to determine employee eligibility for and appropriate amounts of allowances. All forms are subject to fiscal audit by the employee's parent agency and GAO. The Office of Allowances, U.S. Department of State, will review forms to set LQA rates. Lack of requested information may result in erroneous or unauthorized allowances.						

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT				Voucher Number
19. Employee Name (<i>Last, First, MI</i>)				20. Social Security No.
21a. Payments [Check box(es). For calculations see DSSR chapter exhibits.]				FOR OFFICIAL USE ONLY
<input type="checkbox"/> TQSA – Temporary Quarters Subsistence Allowance – (<i>DSSR 120</i>)				
<input type="checkbox"/> Advanced Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)				
<input type="checkbox"/> Biweekly Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)				
<input type="checkbox"/> Lump Sum (<i>upon completion</i>) Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)				
<input type="checkbox"/> LQA – Living Quarters Allowance (<i>DSSR 130</i>) [<input type="checkbox"/>] Repair Allowance (<i>DSSR 137</i>) [<input type="checkbox"/>]				
<input type="checkbox"/> EQA – Extraordinary Quarters Allowance (<i>DSSR 138</i>) [<input type="checkbox"/>]				
<input type="checkbox"/> PA – Post Allowance – (<i>DSSR 220</i>)				
<input type="checkbox"/> Transfer Allowance: Foreign (<i>DSSR 240</i>) [<input type="checkbox"/>] or Home Service (<i>DSSR 250</i>) [<input type="checkbox"/>]				
Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]				
<input type="checkbox"/> SMA – Separate Maintenance Allowance – (<i>DSSR 260</i>)				
Voluntary [<input type="checkbox"/>] Involuntary [<input type="checkbox"/>]				
<input type="checkbox"/> TSMA – Transitional Separate Maintenance Allowance (<i>DSSR 260</i>)				
262.3a [<input type="checkbox"/>] 262.3b [<input type="checkbox"/>] 262.3c [<input type="checkbox"/>] 262.3d [<input type="checkbox"/>] 262.3e [<input type="checkbox"/>]				
<input type="checkbox"/> Education Allowance (<i>DSSR 270</i>) [<input type="checkbox"/>] or Travel (<i>DSSR 280</i>) [<input type="checkbox"/>]				
<input type="checkbox"/> PD – Post (<i>Hardship</i>) Differential (<i>DSSR 500</i>)				
<input type="checkbox"/> SND – Service Need Differential (<i>Difficult to Staff Incentive Differential</i>) (<i>DSSR 1000</i>)				
<input type="checkbox"/> DP – Danger Pay (<i>DSSR 650</i>) 652f [<input type="checkbox"/>] or 652g [<input type="checkbox"/>]				
Total Amount Claimed				
21b. Advances				
<input type="checkbox"/> LQA (<i>DSSR 130</i>) Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>) Number of Months				
U.S. Dollar Payment Foreign Currency Payment				
<input type="checkbox"/> Transfer Allowance: Foreign (<i>DSSR 240</i>) [<input type="checkbox"/>] or Home Service (<i>DSSR 250</i>) [<input type="checkbox"/>]				
Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]				
<input type="checkbox"/> Advance of Pay (<i>DSSR 850</i>) This advance will be repaid in _____ pay periods.				
Travel Authorization or _____				
Permanent Change of Station (PCS) number _____				
Name of Issuing Authority				
22a. If Electronic Funds Transfer (<i>EFT</i>) Mark one: [<input type="checkbox"/>] Checking [<input type="checkbox"/>] Savings				
Financial Institution Name			Financial Institution Mailing Address	
Routing Number			Account Number (<i>including any suffix</i>)	
22b. If Paid by Check – Mailing Address, City, State, ZIP Code				
23. Accounting Classification(s)				
<p>24. Employee Statement and Signature: The information given on this application is true and correct to the best of m knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differentials authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (<i>including fines and imprisonment</i>) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.</p> <p>Employee's Signature: _____ Date: (<i>mm-dd-yyyy</i>) _____</p> <p>Spouse's or Domestic Partner's Signature: _____ Date: (<i>mm-dd-yyyy</i>) _____</p> <p>(<i>If Applying for SMA on Behalf of Spouse or Domestic Partner</i>)</p>				
25. Approving/Reviewing Official Signature When Required				Date: (<i>mm-dd-yyyy</i>)
26. Certifying Official: The Above Request is Certified as Correct and Proper for Payment				Date: (<i>mm-dd-yyyy</i>)
Authorized Certifying Official's Signature				

11. Employee Name (Last, First, Middle Initial)

12. List foreign currency (indicated by "fc") or U.S. Dollar amount paid. List exchange rate used under "Remarks"

13. Remarks:

My last day in permanent quarters was: _____ (MM/DD/YY)

14. Employee Statement: I am attaching receipts for lodging expenses claimed above. I certify that the meal and laundry/dry cleaning expenses are accurate.

Employee's Signature:

Date:

LANDLORD STATEMENT

Mr/Ms _____ paid rent through _____ (Date) in
the amount of Euro _____ to allow for final cleaning.

Landlord's signature and date

Mr/Ms _____ hat die Miete bis einschliesslich _____
(Datum) bezahlt, Euro _____, um die Endreinigung zu ermoeöglichen.

Unterschrift Vermieter, Datum