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****REQUEST FOR ACTUAL LODGING SUBSISTENCE EXPENSE AFTER****

****TRAVEL HAS BEEN COMPLETED – (WASHINGTON ONLY)****

Note: Actual subsistence lodging expense request must be submitted to M/MS/TTD within thirty days after travel.

**Privacy Act (e)(3) Statement**

**Authority:**  5 U.S.C. 301, Departmental Regulations; 5 U.S.C. Ch. 57, Travel, Transportation, and Subsistence; 22 U.S.C. Ch. 32, Foreign Assistance, Subchapter I, International Development; and 22 U.S.C. § 4081, Travel and Related Expenses.  
**Purpose:** To manage requests for lodging subsistence expenses for USAID direct-hires and their dependents, Personal Services Contractors (PSCs), consultants and personnel from other government agencies on detail to USAID, following government travel.

**Routine Uses:**The personal information requested on this form will be used by USAID travel officers to determine eligibility for USAID direct-hires and their dependents to receive reimbursements of lodging subsistence expenses following government travel.  Pursuant to Privacy Act System of Records Notices USAID-19 and USAID-34, USAID will disclose this information only to external entities that have the legal authority to maintain the information such as members of Congress, federal law enforcement agencies, the U.S. Department of State, the U.S. Treasury for payments, and U.S. Despatch Agents for shipment and clearance of effects. USAID may also share the information with commercial travel, transportation, and shipping companies for making travel, transportation, and shipping arrangements as well as with foreign governments and international agencies as appropriate.

**Disclosure:**  Disclosure of your personal information is voluntary, but failure to provide certain information may result in the denial of your request for obtaining reimbursements for lodging subsistence following government travel. Please refer to ADS 522 and ADS REFERENCE 522MAN for guidance.

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| **LOCATION OF TRAVEL:** |
| **PURPOSE OF TRIP:** |

**JUSTIFICATION: (**Indicate why actual lodging subsistence is requested after travel. Also explain why another hotel within the lodging per diem rate and within closest proximity to the TDY site could not be used. Provide supporting documentation for your request.) Maximum 800 characters.

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| **PLEASE PROVIDE ACTUAL LODGING INFORMATION IN THE SPACES BELOW** | | | |
| **NAME, ADDRESS AND PHONE # OF HOTEL** | **CHECK IN DATE:**  **(MM-DD-YYYY)** | **CHECK OUT DATE:**  **(MM-DD-YYYY)** | **NUMBER OF NIGHTS:** |
| **PER DIEM AMOUNT:**  **ACTUAL EXPENSE (PER DAY):** | | **DIFFERENCE PER DAY:**    **TOTAL AMOUNT REQUESTED:** |

**RECOMMENDATION:** Given the above circumstances, I certify that actual expenses for lodging are in the best interest of the U.S. Government and are consistent with the guidelines outlined in ADS 522.3.25.1. Thus, it is requested that reimbursement of actual lodging and/or actual M&IE NTE 300% be authorized.

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| **Date: (MM-DD-YYYY)** | **Print Name: (Traveler)** | **Signature: (Traveler)** |
| **Date: (MM-DD-YYYY)** | **Print Name: (Traveler’s Approving Official)** | **Signature: (Traveler’s Approving Official)** |
| **Date: (MM-DD-YYYY)** | **Reviewed by: (Policy Analyst)** | |
| **Date: (MM-DD-YYYY)** |  | **Signature: (Chief of M/MS/TTD)** |