



REQUEST FOR ACTUAL LODGING SUBSISTENCE EXPENSE

Privacy Act 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, prior to beginning 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, prior to undertaking 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. Dispatch 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 lodging subsistence payments prior to undertaking government travel. Please refer to ADS 522 and ADS 522MAO for guidance.

LAST NAME	FIRST NAME	OFFICE/BUREAU:	DATE:
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TRIP ID:	TDY LOCATION:	LODGING PER DIEM:
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(Click here for [Foreign Per Diem Rates](#) and [Domestic Per Diem Rates](#))

PROPOSED LODGING INFORMATION

NAME, ADDRESS AND PHONE # OF HOTEL	CHECK IN DATE: (MM-DD-YYYY)	CHECK OUT DATE: (MM-DD-YYYY)
	NIGHTLY RATE:	

HOTEL COST COMPARISON INFORMATION

NAME OF HOTEL ADDRESS PHONE # RATE	NAME OF HOTEL ADDRESS PHONE # RATE	NAME OF HOTEL ADDRESS PHONE # RATE
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Note: If the Mission or Embassy requires a specific hotel, you do not have to list three other hotels unless the hotel booked is sold out.

JUSTIFICATION: (Indicate why actual subsistence is requested, distance and the use of public transportation should be considered. Personal preference and/or convenience are not justifications for actual subsistence.)

RECOMMENDATION: Given the above circumstances, I certify that actual expenses for lodging is in the best interest of the US Government and is 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.

Traveler's Signature and Date:
Supervisor Signature and Date:
M/MS/TTD Chief signature or designee and Date: