**DUAL LODGING REQUEST FORM**

**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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| **LONG TERM TDY LOCATION: (CITY/COUNTRY)**      | **CHECK IN DATE:** **(MM-DD-YYYY)**      | **CHECK OUT DATE:** **(MM-DD-YYYY)**      |
| **SHORT TERM LOCATION: (CITY, COUNTRY)**      | **CHECK IN DATE:** **(MM-DD-YYYY)**      | **CHECK OUT DATE:** **(MM-DD-YYYY)**      |

**JUSTIFICATION: (1000 CHARACTERS MAXIMUM)**

**(In this section, the first paragraph should include the lodging info for the long term**

**TDY location: i.e. name of hotel, negotiated rate, per diem amount.**

**The second paragraph should include: name of hotel, negotiated rate, per diem amount and the reason for going to this location.**

**The last paragraph should explain why it is necessary to keep the existing lodging while at the temporary location).**

**RECOMMENDATION:** Given the above circumstances, I certify that dual lodging is in the best interest of the US Government and is consistent with the guidelines outlined in 14 FAM 570. Thus, I request that the reimbursement for dual lodging 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)** |