



SENSITIVE BUT UNCLASSIFIED (SBU)

DUAL LODGING REQUEST FORM

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 dual lodging for long-term and short-term temporary duty (TDY) of USAID direct-hires and their dependents, and Personal Services Contractors (PSCs).

Routine Uses: The personal information requested on this form will be used by USAID travel officers to determine eligibility for dual lodging. 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 dual lodging. Please refer to ADS 522 for guidance.

LONG TERM TDY LOCATION: (CITY/COUNTRY)	CHECK IN DATE: (MM/DD/YYYY)	CHECK OUT DATE: (MM/DD/YYYY)
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SHORT TERM TDY LOCATION: (CITY/COUNTRY)	CHECK IN DATE: (MM/DD/YYYY)	CHECK OUT DATE: (MM/DD/YYYY)
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NAME AND ADDRESS OF LONG-TERM TDY HOTEL:	NEGOTIATED RATE:	PER DIEM AMOUNT:
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NAME AND ADDRESS OF SHORT-TERM TDY HOTEL:	NEGOTIATED RATE:	PER DIEM AMOUNT:
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JUSTIFICATION:

<input type="checkbox"/>	I certify that I cannot check out of the current hotel and check in again.
<input type="checkbox"/>	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, and that the reimbursement for dual lodging can be authorized.

Traveler's Signature and Date:

Supervisor's Signature and Date

EXO or designee's signature and Date:

M/MS/TTD Chief or designee and Date: