

# FIXED RATE TEMPORARY QUARTERS AFFIDAVIT

Employee Name: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

The following information is required for the processing of your **FIXED RATE AMOUNT TEMPORARY QUARTERS REIMBURSEMENT**:

List all who are/were in temporary quarters:

<u>Name</u>	<u>Date Entered Temp Qtrs</u>	<u>Date Checked out Temp Qtrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Temporary Quarters Location: \_\_\_\_\_

Temporary Quarters Lodging was obtained:

\_\_\_\_\_ with friends or relatives (no out of pocket expense – reduced temporary quarters allowance)

\_\_\_\_\_ in a motel/hotel

\_\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date )

Any additional information you would like us to know: