

**FOREIGN ALLOWANCES APPLICATION,
GRANT AND REPORT (SF-1190)**

FOR OFFICIAL USE ONLY

1. Employee Name (<i>Last, First, MI</i>)				2. Social Security Number		Voucher Number Authorization/ Grant Number
3. Agency				4. Bureau/Office		
5. Pay Plan	6. Series	7. Grade	8. Annual Salary	9. Position Title		
10. Current Post/Country of Assignment/Locality			11. Date of Arrival (<i>mm-dd-yyyy</i>)		12. Previous Post of Assignment	
13. Mailing Address					13a. E-mail Address	
14. If Local Hire: Date (<i>mm-dd-yyyy</i>)			14a. Reason for Presence			

15. If Spouse is Employed by the U.S. Government Yes No

Spouse Name (<i>Last, First, MI</i>)	Social Security Number	Allowances Received
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16. Family Domiciled at Post

Name of Relative	Relationship	DOB Except Spouse (<i>mm-dd-yyyy</i>)	% Support	Date of Arrival at Post (<i>mm-dd-yyyy</i>)	Allowances Received

17. Family Domiciled Away from Post

Name of Relative	Relationship	DOB Except Spouse (<i>mm-dd-yyyy</i>)	% Support	Date of Departure from Post (<i>mm-dd-yyyy</i>)	Residence Address/Telephone Cell Phone/E-mail (<i>please provide all</i>)

18. Remarks

Privacy Act Statement: Solicitation of this information is authorized under 5 U.S.C. 5922, E.O. 9397 and E.O. 10903, Section 1(b-2) and DSSR Section 073.4. The information is used to determine employee eligibility for and appropriate amounts of allowances. All forms are subject to fiscal audit by the employee's parent agency and GAO. The Office of Allowances, U.S. Department of State, will review forms to set LQA rates. Lack of requested information may result in erroneous or unauthorized allowances.

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT	
19. Employee Name (<i>Last, First, MI</i>)	20. Social Security No.
21a. Payments [Check box(es). (For calculations see DSSR chapter exhibits.)]	
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TQSA - Temporary Quarters Subsistence Allowance - (<i>DSSR 120</i>)	
Advanced	Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)
Biweekly	Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)
Lump Sum (<i>upon completion</i>)	Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)
LQA - Living Quarters Allowance (<i>DSSR 130</i>) [] Repair Allowance (<i>DSSR 137</i>) []	
EQA - Extraordinary Quarters Allowance (<i>DSSR 138</i>) []	
PA - Post Allowance - (<i>DSSR 220</i>)	
Transfer Allowance: Foreign (<i>DSSR 240</i>) [] or Home Service (<i>DSSR 250</i>) []	
Portion(s): Subsistence [] Miscellaneous [] Wardrobe [] Lease Penalty []	
SMA - Separate Maintenance Allowance - (<i>DSSR 260</i>)	
Voluntary [] Involuntary []	
TSMA - Transitional Separate Maintenance Allowance (<i>DSSR 260</i>)	
Unaccompanied Post [] Completion of School Semester []	
Education Allowance (<i>DSSR 270</i>) [] or Travel (<i>DSSR 280</i>) []	
PD - Post (<i>Hardship</i>) Differential (<i>DSSR 500</i>)	
SND - Service Need Differential (<i>Difficult to Staff Incentive Differential</i>) (<i>DSSR 1000</i>)	
DP - Danger Pay (<i>DSSR 650</i>) 652f [] or 652g []	
Total Amount Claimed	
21b. Advances	
LQA (<i>DSSR 130</i>)	Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>) Number of Months
U.S. Dollar Payment	Foreign Currency Payment
Transfer Allowance: Foreign (<i>DSSR 240</i>) [] or Home Service (<i>DSSR 250</i>) []	
Portion(s): Subsistence [] Miscellaneous [] Wardrobe [] Lease Penalty []	
Advance of Pay (<i>DSSR 850</i>) This advance will be repaid in _____ pay periods.	
Travel Authorization or _____	
Permanent Change of Station (<i>PCS</i>) Number _____	
Name of Issuing Authority _____	
22a. If Electronic Funds Transfer (<i>EFT</i>) Mark one: [] Checking [] Savings	
Financial Institution Name	Financial Institution Mailing Address
Routing Number	Account Number (<i>including any suffix</i>)
22b. If Paid by Check - Mailing Address, City, State, ZIP Code	
23. Accounting Classification(s)	
<p>24. Employee Statement and Signature: The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (<i>including fines and imprisonment</i>) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.</p> <p>Employee's Signature: _____ Date (<i>mm-dd-yyyy</i>) _____</p> <p>Spouse's Signature: _____ Date (<i>mm-dd-yyyy</i>) _____ <i>(If Applying for SMA on Behalf of Spouse)</i></p>	
25. Approving/Reviewing Official Signature When Required	Date (<i>mm-dd-yyyy</i>)
26. Certifying Official: The Above Request is Certified as Correct and Proper for Payment	Date (<i>mm-dd-yyyy</i>)
Authorized Certifying Official's Signature	