



National
Aeronautics and
Space
Administration

Claim for Temporary Quarters Subsistence Expense/Temporary Quarters Subsistence Allowance Reimbursement

(FTR302, Relocation Allowances)

(Before completing form, read Privacy Act Statement on Page 3)

INSTRUCTIONS

1. Complete and sign a Standard Form 1012 (Travel Voucher) and submit with NASA Form 1500.
2. Enter all daily expenses paid on page 2 of NASA Form 1500. NOTE: Expenses claimed must be actual expenses incurred and not averaged.
3. If Temporary Quarters Subsistence Expense (TQSE) / Temporary Quarters Subsistence Allowance (TQSA) reimbursement is claimed at different locations for employee and for dependents(s), use a separate NASA Form 1500 for each location.
4. If official temporary duty was performed during the TQSE / TQSA claim period, enter the location and "X" the TDY box next to the dates you were on temporary duty. Attach a copy of paid voucher(s).
5. Receipts are required for ALL lodging, grocery, and any expenses over \$75.00.
6. If non-commercial lodging is claimed, a signed Lease/Rental Agreement for Temporary Quarters is required.

TO BE COMPLETED BY EMPLOYEE

NAME OF EMPLOYEE		NEW DUTY STATION	
LOCATION (Of new duty station)		NUMBER OF DEPENDENTS	
DESCRIPTION		DATE	
EMPLOYEE REPORTED FOR DUTY AT NEW DUTY STATION ON		-----	
PERMANENT QUARTERS AT OLD STATION VACATED BY EMPLOYEE ON		-----	
PERMANENT QUARTERS AT OLD STATION VACATED BY DEPENDENTS ON		-----	
PERMANENT QUARTERS ACQUIRED BY EMPLOYEE OR AUTHORIZED FAMILY MEMBER ON		-----	
PERMANENT QUARTERS OCCUPIED BY EMPLOYEE OR AUTHORIZED FAMILY MEMBER ON		-----	
EXPLANATION AND REMARKS			
EMPLOYEE SIGNATURE			DATE

DAILY ITEMIZATION OF EXPENSES PAID

ITEM	DATE	LODGING LOCATION	TDY	LODGING COST	NO OF PERSONS		MEAL COST INCLUDING TIPS			GROCERIES	LAUNDRY AND DRY CLEANING	DAILY TOTAL AMOUNT
					EMP ONLY	DEP	BREAK-FAST	LUNCH	DINNER			
1												
2												
3												
4												
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29												
30												
		TOTAL EXPENSES CLAIMED										



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Privacy Act Statement

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 110012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is **MANDATORY** on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.