

SHARED LODGING STATEMENT

I did not share a room.

I certify I was the only official traveler occupying the room. Enter an explanation if two or more guests are reflected on the lodging receipt along with action taken to obtain new receipt.

Explanation: _____

Traveler's signature: _____ Printed name: _____ Date: _____

If you did not share a room, completing the remaining portions of this form is not required

I shared a room, but the individual(s) was/were NOT on official funded orders.

I certify I shared a room, but the individual(s) were NOT on official funded orders.

Dates covered by this statement: _____ to _____

The daily single room rate* was:

Daily Single Room Rate: \$ _____. Daily Single Room Tax Amount: \$ _____. Total Lodging claimed: \$ _____. _____

Traveler's signature: _____ Printed name: _____ Date: _____

**If room was shared with individual(s) not on official orders, the traveler MUST provide the single room rate and daily tax amount above.*

I shared a room with an individual(s) on official funded orders & I paid nothing (OR) the entire room cost.

(Complete ONLY ONE of the two statements below)

I certify I shared a room with name(s) _____ who were on official funded orders but I did NOT incur any lodging expenses for the following dates: _____ to _____

Traveler's signature: _____ Printed name: _____ Date: _____

(OR)

I certify I shared a room with name(s) _____ who were on official funded orders and I paid for ALL of our lodging expenses. I further understand I can only claim & be reimbursed the single occupancy room rate not to exceed the TDY locality rate.

Dates covered by this statement: _____ to _____

The daily single occupancy room rate* was:

Daily Single Room Rate: \$ _____. Daily Single Room Tax Amount: \$ _____. Total Lodging claimed: \$ _____. Traveler's

Signature: _____ Printed name: _____ Date: _____

**If room was shared with individual(s) on official funded orders, claimant MUST provide single occupancy room rate & daily tax amount above.*

I shared a room with an individual(s) on official funded orders & we split the room cost.

I certify I shared a room with name(s) _____ & they were on official funded orders.

Dates covered by this statement: _____ to _____

My prorated share of lodging costs incurred and for which I am requesting reimbursement for is:**

Daily Prorated Lodging Rate: \$ _____. Daily Prorated Tax Amount: \$ _____. for ____ days.

Total Prorated lodging claimed: \$ _____.

Traveler's signature: _____ Printed name: _____ Date: _____

****Two official travelers.** Each is responsible for 50% of the room cost.

****Three (or more) official travelers.** Each is responsible for their portion of the room cost. Divide the total cost by the number of official travelers that shared the room.