

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

FOR OFFICIAL USE ONLY

Voucher Number

1. Employee Name (<i>Last, First, MI</i>) MCFLY MARTY A			2. Social Security Number 123-45-6789		Authorization/ Grant Number
3. Agency United States Marine Coprs			4. Bureau/Office MCIPAC		
5. Pay Plan GS	6. Series 0201	7. Grade 11	8. Annual Salary 75,000.00	9. Position Title HUMAN RESOURCES SPECIALIST	
10. Current Post/Country of Assignment/Locality JA5615/OKINAWA, JAPAN			11. Date of Arrival (<i>mm-dd-yyyy</i>) 01-06-2020		12. Previous Post of Assignment N/A
13. Mailing Address PCS 557 BOX 1234, FPO AP 96379				13a. E-mail Address MCFLY.MARTY@USMC.MIL	
14. If Local Hire: Date (<i>mm-dd-yyyy</i>) 01-06-2020		14a. Reason for Presence Employment			

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

Spouse or Domestic Partner Name (<i>Last, First, MI</i>) MCFLY MARIANNE		Social Security Number 098-76-5432	Allowances Received
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16. Family Domiciled at Post					
Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (<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 Family Member	Relationship	DOB Except Spouse or Domestic Partner (<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
 Status: Military Dependent
 Effective date: 06 Jan 2020
 Post Allowance Family Size Claimed: 1 person(s)
 Reason(s) of Post Allowance Request: New employment/assignment

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		Voucher Number
19. Employee Name (Last, First, MI) MCFLY MARTY A		20. Social Security No. 123-45-6789
21a. Payments [Check box(es). For calculations see DSSR chapter exhibits.]		FOR OFFICIAL USE ONLY
TQSA - Temporary Quarters Subsistence Allowance - (DSSR 120)		
Advanced	Beg. Date (mm-dd-yyyy) End Date (mm-dd-yyyy)	
Biweekly	Beg. Date (mm-dd-yyyy) End Date (mm-dd-yyyy)	
Lump Sum (upon completion)	Beg. Date (mm-dd-yyyy) End Date (mm-dd-yyyy)	
LQA - Living Quarters Allowance (DSSR 130) [] Repair Allowance (DSSR 137) [] Rent: Utilities:		
EQA - Extraordinary Quarters Allowance (DSSR 138) []		
<input checked="" type="checkbox"/>	PA - Post Allowance - (DSSR 220)	From to ;Effective
Transfer Allowance: Foreign (DSSR 240) [] or Home Service (DSSR 250) []		
Portion(s): Subsistence [] Miscellaneous [] Wardrobe [] Lease Penalty []		
SMA - Separate Maintenance Allowance - (DSSR 260) Voluntary [] Involuntary []		
TSMA - Transitional Separate Maintenance Allowance (DSSR 260) 262.3a [] 262.3b [] 262.3c [] 262.3d [] 262.3e []		
Education Allowance (DSSR 270) [] or Travel (DSSR 280) []		
PD - Post (Hardship) Differential (DSSR 500)		
SND - Service Need Differential (Difficult to Staff Incentive Differential) (DSSR 1000)		
DP - Danger Pay (DSSR 650) 652f [] or 652g []		
Total Amount Claimed		
21b. Advances		
LQA (DSSR 130)	Beg. Date (mm-dd-yyyy) End Date (mm-dd-yyyy)	Number of Months
U.S. Dollar Payment		Foreign Currency Payment
Transfer Allowance: Foreign (DSSR 240) [] or Home Service (DSSR 250) []		
Portion(s): Subsistence [] Miscellaneous [] Wardrobe [] Lease Penalty []		
Advance of Pay (DSSR 850) This advance will be repaid in 26 pay periods.		
Travel Authorization or _____		
Permanent Change of Station (PCS) Number _____		
Name of Issuing Authority _____		
22a. If Electronic Funds Transfer (EFT) Mark one: [] Checking [] Savings		
Financial Institution Name		Financial Institution Mailing Address
Routing Number		Account Number (including any suffix)
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 (including fines and imprisonment) 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>		
Employee's Signature: 		Date (mm-dd-yyyy)
Spouse's or Domestic Partner's Signature: _____ (If Applying for SMA on Behalf of Spouse or Domestic Partner)		Date (mm-dd-yyyy) _____
25. Approving/Reviewing Official Signature when Required		Date (mm-dd-yyyy)
26. Certifying Official: The Above Request is Certified as Correct and Proper for Payment		Date (mm-dd-yyyy)
Authorized Certifying Official's Signature		