


APPLICATION AND CLAIM FOR HOME SERVICE TRANSFER ALLOWANCE

BU. YOU. NO.

NAME Charles P. Collins				PRIOR POST OF ASSIGNMENT []		DATE ARRIVAL HEADQUARTERS 7 October 1956	
OFFICE ADDRESS OCI, Room [] Building []		TELEPHONE EXT. []	PCS TRAVEL ORDER NUMBER []		WITH DEPENDENTS <input checked="" type="checkbox"/>		
GRADE GS-15		ANNUAL SALARY \$12,690	DATE OF TRAVEL ORDER 5 April 1956		UNACCOMP. []		
PERIOD OF CLAIM May 1954--October 1956		DATE RETURNED TO DUTY IN U.S. 8 October 1956		TEMPORARY QUARTERS			
DEPENDENTS AT NEW POST				ADDRESS			
NAME		RELATIONSHIP	DATE OF BIRTH	TYPE OF QUARTERS			
Anne V.		wife	1918	HOUSE		APARTMENT	
Charles P.		son	1943	HOTEL		MOTEL	
John B.		son	1945	OTHER (Explain)			
James O.		son	1947	FURNISHED		UNFURNISHED	
PAYMENT INSTRUCTIONS				TEMPORARY LODGING ALLOWANCE CLAIM			
Cash				RENT	\$	[]	
PAID				UTILITIES (If charged separately)	\$	[]	
REMARKS JAN 3 1957				TOTAL (If actual exceeds maximum allowable do not itemize but insert maximum allowance.)			
				ATTACH RECEIPTS		\$	
				TRANSFER ALLOWANCE CLAIM			
ZONE 2		TO ZONE 2					
<input checked="" type="checkbox"/> WITH DEPENDENTS		<input type="checkbox"/> WITHOUT DEPENDENTS					
				AMOUNT CLAIMED		\$ 300.00	
TOTAL CLAIMED ON THIS APPLICATION (Transfer Allowance and/or Temporary Lodging Allowance)						\$ 300.00	
APPLICABLE TO BOTH APPROVING OFFICER AND CLAIMANT							
<p><i>It is understood that claimant does not intend to resign, retire, or otherwise separate himself from CIA during the period of his assignment in the United States and, in keeping with the policy of Career Service, upon completion of such assignment he shall again be subject to assignment to a post outside the Continental United States.</i></p>							
APPLICABLE TO CLAIMANT ONLY							
<p>(1) I certify that the above claim is true and correct and that I have not been reimbursed therefor from any other source.</p> <p>(2) I agree that if I should voluntarily separate from the Agency within six (6) months from the date I returned to duty in the United States, I shall repay to the Agency the full amount received from this claim, unless my reasons for separation are acceptable to the Director of the Agency.</p>							
						APPROVED FOR RELEASE DATE: DEC 2007	
SIGNATURE OF CLAIMANT 		DATE 20 Dec 56	SIGNATURE OF APPROVING OFFICER			DATE	
CERTIFICATION OF AVAILABILITY OF FUNDS				CERTIFIED FOR PAYMENT OR CREDIT			
ALLOTMENT ACCOUNT NO.		OBLIG. REF. NO.	DATE	AMOUNT			
[]		[]	[]	[]			
DATE 28 Dec 56	AUTHORIZED	OFFICER	AUTHORIZED	OFFICER			
[]	[]	[]	[]	[]			
FOR ACCOUNTING USE							
DESCRIPTION (13-22)	EXP. CODE (40-42)	ADVANCE ACCT. NO. (47-52)	G.L. ACCT. NO. (53-57)	ALLOT. LEDGER ACCT. NO. & VOU. NO. (59-67)	OBJ. CLASS (68-70)	AMOUNT (71-80)	
[]	[]	[]	[]	[]	[]	DR.	CR.