

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

FOR OFFICIAL USE

Voucher Number

1. Employee Name (Last, First, MI)				2. Social Security Number	
3. Agency				4. Bureau/Office	

Authorization/  
Grant Number

5. Pay Plan	6. Series	7. Grade	8. Annual Salary	9. Position Title	
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10. Current Post/Country of Assignment/Locality			11. Date of Arrival (mm-dd-yyyy)		12. Previous Post of Assignment
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13. Mailing Address				13a. E-mail Address	
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14. If Local Hire: Date (mm-dd-yyyy)		14a. Reason for Presence			
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15. If Spouse is Employed by the U.S. Government					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

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

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

17. Family Domiciled Away from Post

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

18. Remarks
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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)		20. Social Security No.
21a. <b>Payments [Check box(es). (For calculations see DSSR chapter exhibits.)]</b>		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) [ ]		
EQA - Extraordinary Quarters Allowance (DSSR 138) [ ]		
PA - Post Allowance - (DSSR 220)		
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)		
Unaccompanied Post [ ] Completion of School Semester [ ]		
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 [ ]		
<b>Total Amount Claimed</b>		
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 _____ 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) _____		
24. <b>Employee Statement and Signature:</b> 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.		
Employee's Signature: _____		Date (mm-dd-yyyy) _____
Spouse's Signature: _____ (If Applying for SMA on Behalf of Spouse)		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 _____		