## LODGING STATEMENT

This statement must be filled out if a lodging receipt erroneously reflects that two or more occupants were in the room or if a traveler shared a room while TAD.

Complete this portion if you did not share a room		
I certify that I was the only occupant	t <b>in the room.</b> (An explanation is requ	ired if two or more guests are reflected on the lodging receipt.)
Comments:		
Signature:	Print: (rank, name)	Date:
**If you did not share a room, the rest of this statem	nent does not need to be filled out**	
Com	plete this portion if you	did share a room
I shared a room with (rank, name)		who <u>was / was not</u> on funded orders.
Inclusive dates covered by this staten	nent:	_ to
My share of the lodging cost that I paid for and am requesting reimbursement for is:		
Daily Rate: \$ Daily Taxe	es: \$ for days	5 Total I am claiming: \$
Signature:	Print: (rank, name)	Date:
**If you paid the entire lodging cost, AO must fill out the statement below**		
The JTR requires each traveler to cla lodging cost, the Authorizing official m AO comments:	aim half of the lodging cost: how ust state the facts and circumstan expenses of others on or	
AO signature:	Print (rank, name)	Date: (s) who did not pay for any lodging costs does not claim

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729)