This section must be filled out more guests.	if you were the only room occupant but the	lodging receipt shows two or				
I certify that I was the only room occu	pant.					
Traveler's signature:	Print: (rank, name)	Date:				
If you did not share a room, the rest of this statement does not need to be filled out						

I did share a room.

Г

I shared a room with (ra	nk, full name)			_who	was,	was not on funded orders.
Lodging dates :	1	to				
My share of the lodging	cost that I paid for	and am requesting r	eimbursement for			
Daily Rate:	_ Taxes:	for days	Total I am claiming:			
Traveler's signature:		Print:	(rank, name)			Date:
	**If you paid	the entire lodging c	cost, AO must fill out the	e stateme	ent below	**

I paid for the entire lodging amount but I shared the room with another traveler on orders.

	aim half of the lodging cost: however, if one traveler wa why member was forced to pay the lodging expense of an	
Comments:		
Note to AO: By signing this docum lodging expenses on their voucher.	ent, you have verified that the traveler(s) who did not p	bay for any lodging costs does not claim
AO signature:	Print (rank, name)	Date:

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)