STATEMENT IN LIEU FOR LODGING RECEIPTS / SHARED ROOM STATEMENT

Last Name: _____ **First Name:** _____ **MI**____

SSN: _____ **Rank:** _____

Name of Hotel: _____

Address: _____

_____

Daily rate: $_____ **Taxes: $**_____

Dates: _____ to _____

Total amount covered by this statement **$**_____

I shared a room with _____. This person was / was not on funded orders.

_____ Shared room statement N/A

I am submitting this statement in Lieu of unavailable and, or lost receipts. I make the foregoing certification with the full knowledge of the penalties for willfully making a false statement (13 USC 1001) Understand that if any portion of this claim is determined to be a fraudulent, payment for the entire claim may be denied.

Signature: _____

_____ _____

Print name Date