



# PCES Claim for Subsistence Expenses - Temporary Quarters

Printed/Typed Name of Employee

Social Security Number

**I hereby make claim for subsistence expenses while occupying temporary quarters**

At (Address - Include Street, Apt. No., City, State, ZIP + 4)

By Myself and/or the Following Members of My Immediate Family  
(List Individual Names)

Signature of Employee

Dates

Date Signed

From

To

Actual daily subsistence expenses were incurred as follows. Receipts for lodging, etc. are attached.

Do not write in this column ▼

Day No.	Date	Meals	Lodging	Clothing, Laundry and Cleaning	Total	Allowed
1						
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
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27						
28						
29						
30						
<b>Sub Total</b> ▶						

Printed/Typed Name of Employee

Social Security Number

Actual daily subsistence expenses were incurred as follows.  
Receipts for lodging, etc. are attached.

Do not write in  
this column

Day No.	Date	Meals	Lodging	Clothing, Laundry and Cleaning	Total	Allowed
<b>Balance Carried Over</b> ▶						
31						
32						
33						
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72						
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74						
75						
<b>Grand Total</b> ▶						