



SUBSISTENCE EXPENSE ALLOWANCE APPLICATION (SEA)

SECTION I - EMPLOYEE INFORMATION AND SAFE HAVEN ADDRESS

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR SEA ELIGIBILITY.

Name <i>(Last, First, MI.)</i>		Social Security Number
Address <i>(Street, City, County, State, and ZIP Code)</i> NOTE: Include your county, as this is used to determine per diem rates in some locations.		Email Address
Country <i>(Approved Alternate Safe Haven)</i>	Evacuated Post	In Care of <i>(Optional)</i>
Telephone Numbers <i>(Provide cell phone, hotel phone, relative, or other contact numbers. These will help facilitate processing your application.)</i>		

Employment Information *(Please check one)*

Department of State Employee Other *(Explain)* _____

Department of State Tandem Couple *(Provide other employee's name)* _____

NOTE: Children must be placed on evacuating spouse's orders.

SECTION II - TRAVEL EN ROUTE INFORMATION

Did you or an EFM *(Eligible Family Member)* incur any lodging expenses while en route to your safe haven? Yes No
If yes, explain below.

SECTION III - EVACUEES CLAIMING SUBSISTENCE EXPENSE ALLOWANCE

Evacuee Name	Relationship to the Employee	Date of Birth <i>(children only)</i> <i>(mm-dd-yyyy)</i>	Departure Date <i>(mm-dd-yyyy)</i>	Arrival Date at Safe Haven <i>(mm-dd-yyyy)</i>

If additional space is needed, please use a separate page and note "see attached page".

SECTION IV - REQUIRED DOCUMENT CHECKLIST

Initial to indicate that you have included each document listed. Fax copies are acceptable but original documentation, paid receipts, and airline tickets must be mailed to the address on page 2 of this form before any additional payments are made.

(Initials)

_____ Airline Tickets/Travel Orders

_____ Hotel Receipts or Signed Commercial Lease Agreement

_____ Taxi Receipts/Excess Luggage Fee Receipts

_____ Copy of the Travel Advance - Confirm amount: _____

Check one:

I certify that I am in a regular duty status and my EFMs are not receiving SMA or TSMA from any Federal agencies.

I am not in a regular duty status; my status is: _____

SECTION V- BANKING INFORMATION

NOTE: For a savings account, please complete all sections. For checking, attach a copy of a voided check or a deposit slip in the section and check the bank account type below. Please select a bank account which can be accessed directly.

Name on Account		Name of Bank	
Account Number	Bank Routing Number	Bank Account Type (<i>Check one</i>): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Address (<i>Street, City, State, ZIP Code</i>)			

SECTION VI- ACCOMMODATIONS AT SAFE HAVEN

Check one:

- Commercial Non-Commercial (*paid lodging receipt or lease are required for commercial status*)

SECTION VII- AIRFREIGHT REPLACEMENT ALLOWANCE

- Yes, I am eligible. Unaccompanied Air Baggage (UAB) was **not** shipped from post to safe haven.
 No, I am **not** eligible. Post shipped Unaccompanied Air Baggage (UAB) to your safe haven.

SECTION VIII- CERTIFICATION STATEMENT

I certify that all statements in this form are true, correct and complete. If the employee's status changes at any time while on evacuation orders, I will notify the Family Liaison Office and the Central Allotment Evacuation Accountant of the new status immediately. I also understand that the employee is responsible for re-paying any balance due as a result of change in status, i.e. Permanent Change of Station, Home Leave, Temporary Duty, R & R, and Medical or early termination of evacuation. I will mail all original paid receipts for lodging, taxi, allowed excess luggage fees, airport taxes and airline ticket stubs.

Printed Name

Signature

Date (*mm-dd-yyyy*)

THIS FORM SHOULD BE SIGNED BY THE EMPLOYEE OR THE ADULT DEPENDENT SIGNING ON BEHALF OF THE EMPLOYEE

MAILING INFORMATION

Mail all originals to:

Department of State, Global Financial Operations
Charleston Financial Services Center
P.O. Box 150008
RM/GFS/F/AO/AA/CAA
Charleston, SC 29415-5008

Central Allotment Evacuation
Sherry Howard
Phone 843-746-0722
Email HowardSA@state.gov
Fax 843-202-3803

Express Mail:

Department of State, Global Financial Operations
Charleston Financial Services Center
1969 Dyess Avenue
RM/GFS/F/AO/AA/CAA
Charleston, SC 29405

Crisis Management and Support Officer
Phone 202-647-1076
Email FLOAskEvacuations@state.gov
Fax 202-647-1670

PRIVACY ACT INFORMATION

Authorities: The information solicited on this form is requested pursuant to 5 U.S.C. 5523, 5 U.S. C. 5527, and pursuant to Executive Order numbers 10903 (as amended) and 10982 (as amended). Your Social Security number is solicited pursuant to Executive Order 9397.

Purpose: The information that you furnish is necessary to process advance payments of SEA (Subsistence Expense Allowance) for evacuated post employees and their eligible family members, and to record and maintain costs of such payments made by the Department of State (DOS).

Routine Uses: In the event of a violation or potential violation of law, we may disclose information collected in this form to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto.

Disclosure: Provisions of the information requested on this form, including your social security number, is voluntary; however, failure to provide the information requested on this form may result in non-payment of (SEA) Subsistence Expense Allowance.