



SUBSISTENCE EXPENSE ALLOWANCE APPLICATION (SEA)

SECTION I - DIRECT HIRE'S 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 <i>(Last 4 Only)</i>
Direct Hire's 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.		Direct Hire's Work Email <i>(Personal Email Optional)</i>
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

Children ages 21 and older are not eligible for SEA unless specific medical conditions are met. See DSSR 040.

Evacuee Name	Relationship to the Employee	Date of Birth <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.

<i>Initials</i>	<i>Additional Information (if applicable):</i>
_____ JF-144	- Examples
_____ DS-4095	- Taxi Receipts
_____ SEA Intake Form	- Luggage Receipts Required <i>(Only 2 pieces less than 50 lbs authorized. Pets are not reimbursable.)</i>
_____ Flight Itinerary	- Approved Alternate Safe Haven (ASH) Memo
	- Medical Receipts

SECTION V - ACCOMMODATIONS AT SAFE HAVEN

Check one:

- Commercial (paid lodging receipt and lease, if applicable, are required for commercial status)
- Non-Commercial (may be eligible for 10% lodging allowance for the first 30 days of SEA)

Note - The reimbursement for tandem couples, those staying in the same lodging, will be split between the two vouchers.

SECTION VI - 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 VII - CERTIFICATIONS

Check one:

- I certify that I am in a regular duty status and my EFM's are not receiving SMA or TSMA from any Federal agencies.
- I am not in a regular duty status; my status is _____.

- I certify that I do not have access to a POV during the evacuation.
- I certify that neither I nor my EFM's are scheduled for MEDEVAC orders in the next 180 days; if so,

Name: _____ Dates: _____
 Name: _____ Dates: _____

SEA payments will be deposited to the Sponsor's primary payroll account.

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 at gcloaskevacuations@state.gov and the Central Allotment Evacuation Accountant at GFSCSeaPackage@state.gov 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 email 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

Email all required information to:

E-mail (From State Outlook):
GFSC SEA Package
E-mail: GFSCSeaPackage@state.gov

For Assistance in the DC Area Contact
Global Crisis Liason Office
E-mail: gcloaskevacuations@state.gov

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.