

Statement for TLE (Meals Portion Only)

I request to claim TLE, meals portion only, for the period _____ to _____. I stayed with the following:

Name: _____

Address: _____

PENALTY STATEMENT

By signing this, I agree the information above is true and correct to the best of my knowledge. This is a legal and binding document and by submitting a false claim, I understand that I am committing a felony and I agree to face the full punishment of the law.

Claimant Rank/Name (Print): _____

Claimant SSN: _____

Claimant Signature: _____

Date: _____