DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service

QUARTERS ALLOWANCE CERTIFICATE PHS Commissioned Officer Without Dependents

NAME OF OFFICER (Last, First, Middle Initial)	GRADE	SOCIAL SECURITY NUMBER
DUTY STATION ADDRESS	 	DUTY STATION TELEPHONE NUMBER
below, I did not occupy any government	ent quarters or	ificate are true and correct for the period stated housing facilities, adequate or inadequate, under ept for the following periods (if NONE, so state):
FROM		ТО
2. I further certify that my occupancy of C was under one of the following conditi	-	uarters during the period stated in Item 1 above <i>e</i>):
(a) Occupied assigned adequate of	quarters for wl	nich period I was not paid quarters allowances.
(b) Voluntarily occupied quarters that were determined to be "inadequate" by the officer in charge of quarters for which period I was not paid quarters allowances.		
(c) Occupied Government quarters on a rental basis for which period I was paid quarters allowances. (A copy of the rental agreement was on file in the payroll office.		
(d) Occupied Indian Health Service Rental Quarters.		
(e) Other (Specify):		
owned or leased by the United States C agreement with the United States or on Officer Quarters (BOQ), Visiting Offic	ss otherwise q Government, o a compliment er Quarters (V ce charges not	ualified, means any sleeping accommodations r furnished by a foreign government either under tary basis, including dormitories, Bachelor (OQ), or similar facilities, regardless of whether rmally are to cover costs of laundering linen, d as rent.)
4. REMARKS:		
IMPORTANT Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment of not more than 5 years or both. Act of June 25, 1948, 18 U.S.C. 287, 1001.		
SIGNATURE OF OFFICER	-	DATE