**EVACUATION LODGING REIMBURSEMENT CERTIFICATION**

The purpose of this certification is to ensure the accurate lodging amounts are reimbursed during the evacuation of the member/sponsor and their dependents (actual lodging receipt is required). When the member/sponsor and their dependents evacuate and reside together, the lodging is normally claimed/paid via the dependent evacuation travel claim. Since there are occasions when the travel claims are paid via separate systems (DTS and WinIATS) and at different times, this certification is required to try and prevent the duplicate payment of lodging.

Member/Sponsor Certification: The following lodging reimbursement is requested and this lodging has not and will not be claimed via a separate travel claim. In addition, this lodging has not been paid via another Government Agency (FEMA):

Name: \_\_\_\_\_\_**Doe, John Q.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pay Grade: \_\_**LCDR/O4**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_**XXX-XX-1234**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Command: **MNCC**

Tele #: \_\_\_\_\_**XXX-XXX-XXXX**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_**john.q.doe@navy.mil**\_\_\_\_\_\_\_\_\_

Name and Location of Lodging:

**Holiday Inn Fort Worth, TX**

Dates of Lodging: ***JUN 11, 2025.***

Name/Relationship of Personnel that resided in this Lodging:

\_**Doe, Mary Ann, Spouse**

\_**Doe, John P. Son**

 **Doe, Sally A. Daughter**

 **Doe, Peter Q. Son**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information concerning this lodging reimbursement:

I certify this lodging was not paid via SM DTS Travel claim

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/Sponsor Signature Command Authorizing Official Signature