

335th Signal Command (Theater) Lodging-in-Kind Program
Soldier's Lodging-in-Kind Request

DATE REQUESTED FOR LODGING: _____

UNIT: _____

NAME: _____

RANK: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

I hereby request to participate in the 335th Signal Command (Theater) Lodging-in-Kind Program. I have a completed and signed Soldier's Statement of Understanding with my unit. I fully understand the program and agree to the conditions outlined in the 335th Signal Command (Theater) Lodging-in-Kind Program Memorandum of Instruction (MOI) and the Soldier's Statement of Understanding.

I fully understand that I am responsible for canceling lodging reservations if I will not use them. If I fail to do so, I may be liable for any charges the government incurs and am subject to removal from the program.

Signature of Soldier: _____

Date: _____

Commander's Signature: _____

Date: _____

Soldier's Statement of Understanding

This document serves as a binding agreement between you, the soldier, and the 81st RRC regarding participation in the 335th Signal Command (Theater) Lodging-in-Kind (LIK) Program. By signing this Statement of Understanding, you agree to abide by the rules and restrictions listed below as well as the items contained in the 335th Signal Command (Theater) Lodging-in-Kind Program Memorandum of Instruction. A new Statement of Understanding must be completed at least once per year.

Initial each statement below:

____ My home of record and/or residence is _____ miles from my unit. This is outside the LIK program normal commuting distance (51 miles) to the unit.

____ I understand this program is for Inactive Duty Training (IDT) or Rescheduled Training (RST) status only. I may not use this program if I am on any type of orders (i.e. Annual Training (AT), Active Duty for Special Work (ADSW), Active Duty for Training (ADT), Temporary Duty (TDY), etc).

____ I understand that I will be held liable and agree to collection from my military pay for the cost of lodging if I fail to honor my reservation without proper notification to the unit. It is my responsibility to ensure that a reservation is cancelled if I do not plan to use it **NLT 96 hours prior to the reservation date. Failure to cancel the reservation will result in 6 month loss of use of this program. A second failure to cancel a reservation within a 12 month period after reinstatement will result in forfeit of this program. Only the Commander can reinstate the program once it has been forfeited.**

____ I understand this program will pay for pre-approved government Lodging-in-Kind only. Travel costs are not reimbursable under this program.

____ I understand that upgrades that cost the government additional money are not authorized. If I upgrade and increase the cost of the room, I will assume the entire room charge without any assistance from the command.

____ I am responsible for any charges other than the cost of lodging that are incurred while residing in quarters. This includes, but is not limited to: local and long distance telephone, refreshments, movies and pay-per-view premium television channels. These additional costs will be settled with the lodging facility personally and at no cost to the government. Failure to settle additional cost will result in 6 month loss of the program.

(Signature of Soldier /Date)

(Commander's Signature / Date)

(Printed Name and Grade of Soldier)

(Printed Name and Grade of Commander)

Email: _____

(Unit)