## Claim for Reimbursement of Subsistence Expenses while Occupying Temporary Quarters

## U.S. Department of Housing and Urban Development

HUD-21007-A, \$	Schedule of	Daily	Expenses, m	ust be	attached							
5 USC 5701-573 data is to deteri transferred to a	33, particula mine the am ppropriate F	rly Sec ount to ederal,	tions 5721-5 reimburse y State, local,	733, an ou for or fore	nd 20 USC expenses eign agend	905. Disc incurred i cies, when	closure in coni releva	e of the data be nection with a ant to civil, cr	by you is vo a change of iminal, or re	luntary. official egulatory	The principal pur station move. Th	mation is contained ir pose for collecting the end information may be represedutions. There expenses.
Employee's Name							Em	Employee ID		Date Service Agreement Signed		Location
										Oigrica		Headquarters
Travel Order Number Da		Date	Date		Organization Employee Transferre			ed To		Date Reported at New Official Station		
										New Official Station		Region No.
												Trogion 140.
Summary of Re	eimburseme	nts Cla	aimed									
					Per Diem Rate Immediate Family			and the	1.	. Tatal	2	
Time Inclusi		ve			Number of		iate Fa	amily	Maximum Total Allowance		2. Actual	Amount Claimed
Periods	Dates		Employ	ee	Persons			Rate	(from HUD-21006)		Expenses	(lesser of 1. or 2.)
First 30 days			\$				\$		\$		\$	\$
Over 30 days			\$	\$					\$		\$	\$
Total							•		\$		\$	\$
Persons and Pe	eriod Cover	ed by (	Claim								•	
Name (List employee on first line)			Relationship	Temporary Subsis							Location of	
			to	Begii Date		inning Hour		Date	Ending Hour			ary Quarters City, State)
			employee					Date			(Street	, City, State)
			Self									
-												

Remarks

Copy 1 to Accounting (attach to original voucher); Copy 2 to Accounting (attach to first copy of voucher); Copy 3 to Accounting (attach to 2nd copy of voucher); Copy 4 to Originating Office; Copy 5 to Traveler