

SUBJECT: USARC Augmentation Lodging In Kind Program (LIK) Program Memorandum of Instruction

Enclosure 4: Soldier Lodging Request

USARC Augmentation Unit Lodging in Kind (LIK) Program Soldier's Lodging-in-Kind Request

1. DATE REQUESTED FOR LODGING: _____

2. UNIT: _____

3. NAME: _____

4. RANK: _____

5. ADDRESS: _____

6. CITY/STATE/ZIP CODE: _____

7. HOME PHONE: _____

8. WORK PHONE: _____

I hereby request to participate in the USARC UAU 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 UAU 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 I realize that I am subject to removal from the program.

Signature of Soldier: _____

Date: _____

Commander's Signature: _____

Date: _____

Statement of Understanding

This document serves as a binding agreement between you, the Soldier, and the USARC Augmentation Unit (UAU) regarding your participation in the lodging-in-Kind Program. By signing this Statement of Understanding, you agree to abide by the rules and restrictions listed below as well as the provisions contained in the LIK policy. You must complete a new Statement of Understanding at least once a year.

Initial each statement below:

_____ my home of record and / or residence is _____ miles from my unit. This is outside the LIK program's normal commuting distance of 50 miles to the unit.

_____ I understand this Program is for me use while in an IDT status. I may not use this program if I am on any type of active duty orders.

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

_____ I understand this Program will pay for pre-approved government LIK only. Travel costs are not reimbursable under this program.

_____ I understand that the exercise of double occupancy is enforceable for each room.

_____ I understand that I am required to pay for any additional cost, i.e. incidental, accidental, or consequential cost, that I may accrue.

_____ I understand that upgrades that incur additional cost to the government are not authorized. If I upgrade and increase the cost of the room, I will assume the entire room charge without any financial reimbursement from the command.

_____ I am responsible for any charges other than the cost of lodging that are accrued while residing in quarters. This includes, but is not limited to, local and long distance telephone calls, 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 costs will result in a 6-month loss of this program.

I, _____, have read (and renew) this binding agreement and agree to its terms and provisions.

(Signature of Soldier / Date)

(Commander's Signature / Date)

(Printed Name / Grade of Soldier)

(Printed Name / Grade of Commander)