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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT		VOUCHER NUMBER
16. EMPLOYEE NAME <i>(Last, First, Middle Initial)</i>		17. SOCIAL SECURITY NUMBER
18a. PAYMENTS/ENTITLEMENTS <i>[Check box(es). For calculations see DSSR chapter exhibits.]</i>		FOR OFFICIAL USE ONLY
TQSA - TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE - (DSSR 120)		\$
Advance	Beg. Date	End Date
Biweekly	Beg. Date	End Date
Lump Sum <i>(upon completion)</i>	Beg. Date	End Date
LQA - LIVING QUARTERS ALLOWANCE - (DSSR 130)		
U.S. Dollar Payment _____		
Foreign Currency Payment _____		
PA - POST ALLOWANCE - (DSSR 220)		
TRANSFER ALLOWANCE: FOREIGN (DSSR 240) [<input type="checkbox"/>] <i>or</i> HOME SERVICE (DSSR 250) [<input type="checkbox"/>]		
Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]		
SMA - SEPARATE MAINTENANCE ALLOWANCE - (DSSR 260)		
EDUCATION: ALLOWANCE (DSSR 270) [<input type="checkbox"/>] <i>or</i> TRAVEL (DSSR 280) [<input type="checkbox"/>]		
PD - POST DIFFERENTIAL - (DSSR 500)		
DP - DANGER PAY - (DSSR 650) 652f [<input type="checkbox"/>] <i>or</i> 652g [<input type="checkbox"/>]		
Total Amount Claimed		
18b. ADVANCES		
LQA Beg. Date _____ End Date _____ # of Months _____		\$
U.S. Dollar Payment		Foreign Currency Payment
TRANSFER ALLOWANCE: Foreign [<input type="checkbox"/>] <i>or</i> Home Service [<input type="checkbox"/>]		
Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]		
ADVANCE OF PAY (DSSR 850) This advance will be repaid in _____ pay periods.		
Travel Authorization <i>or</i>		
Permanent Change of Station (PCS) Number		
Name of Issuing Activity		
METHOD OF PAYMENT		
19a. If Electronic Funds Transfer (EFT) Mark one: [<input type="checkbox"/>] Checking [<input type="checkbox"/>] Savings		
FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION MAILING ADDRESS
ROUTING NUMBER		ACCOUNT NUMBER <i>(including any suffix)</i>
19b. IF BY CHECK		
CHECK MAILING STREET ADDRESS		
CHECK MAILING CITY, STATE, ZIP CODE		
20. ACCOUNTING CLASSIFICATION(S):		
<p>21. Employee Statement and Signature: The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.</p>		
EMPLOYEE'S SIGNATURE:		DATE:
22. APPROVING/REVIEWING OFFICIAL SIGNATURE WHEN REQUIRED:		DATE:
23. CERTIFYING OFFICIAL: THE ABOVE REQUEST IS CERTIFIED AS CORRECT AND PROPER FOR PAYMENT		
AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE:		DATE: