1. MISSION ORDER REQUEST

For the use of all staff members of the OMSA supposed to travel for the OMSA, this form should be completed as far in advance as possible.

The personal data that you provide in this form will be processed by the OMSA, as a data controller, and will allow OMSA travel to arrange your travel, OMSA travel might contact you for requesting additional information needed for completing your itinerary. You can find more information regarding the processing and your rights on the **OMSA staff Privacy Policy** available on the OIE intranet.

| can find more information rega | arding the processing and your r | ight | s on the OMSA staff Privacy Polic | available on the OIE intranet. | |
|--|----------------------------------|-------------|--|--------------------------------|--|
| First name (as written on the passp | oort): KAILOU | | | | |
| Last name (as written on the passp | • | | | | |
| Other OMSA Staff(s) attending t | | | | | |
| sanitaires sous environneme | | | térinaires pour l'exploitation | de la base de données zoo | |
| | | | ing and/or the invitation letter): | Du 09 au 16 décembre 2024 | |
| Departure city: Bamako and co Destination city: Niamey and co | | | | | |
| Mission to do just after another | mission already registered: | NO | YES | | |
| If YES, name and date of the mis | ssion already registered: | | | | |
| Travel expenses covered by: | OMSA HQ OMSA RR/ | SRR | Other organization(s) | | |
| | TICKET => | \boxtimes | Plane Train | | |
| Departure | Arrival at the destination | | Departure from the destination | Arrival | |
| 08/12/2024-09:05 | 08/12/2024-18:30 | | 18/12/2024-08:20 | 18/12/2024-15:55 | |
| Preferred* date and time (Exemple: 1/1/16 - 10:40) *Your request may be considered depending on the rates | | | | | |
| DISCLAIMERS OF RESPONSIBILITY | | | | | |
| Visa Information * | | | | | |
| As staff member, I am aware of the responsibility to check my eligibility to obtain a visa for the final destination and/or transit, compile my visa application dossier, and transmit it to the diplomatic mission, with or without the support of the General Services Unit at the OIE Headquarters. | | | | | |
| Passport Information * | | | | | |
| As staff member, I am aware of the responsibility of confirming that my passport will still be valid 6 months after the end date of the mission, and of the responsibility to check the validity of my passport and, where appropriate, the turnaround time needed to renew it. | | | | | |
| Sanitary Information * | | | | | |
| As staff member, I am aware of the responsibility of verifying if I comply with the sanitary requirements of the country of destination of my trip, of the country of origin of my trip for coming back, and to make the necessary arrangements to comply with them. | | | | | |
| *Compulsory | | | | | |
| | DIVER | s/ | MISCELLANEOUS | | |
| | Retour le 18 décembre 2024 (p | oas o | le place disponible le 17 décembi | re 2024) | |
| | | SIG | NATURES | | |
| Date and signature of the request | ting staff member | | Date and signature of | the supervisor | |
| 09/12/2024 | A | | | | |
| 2. MISSION ORDER | | | | | |
| Decision, Date and Signature | | | | | |

- for OMSA HQ, of the Director General, the respective Deputy Director General, or the Director of Administration.
- for Regional Offices and staff members in other entities, of the Deputy Director General "Institutional Affairs and Regional Activities".
- ☐ APPROVED
- □ DENIED

3. SUPPLEMENTARY INFORMATION

| RESERVED TO OMSA TRAVEL | | | | | |
|--|--|--|--|--|--|
| No. of Order: | ву: | | | | |
| TRAVEL AGENCY VIAZUR EUROWINGS (DELEGATED /NON DELEGATED ACTIVITY) LOW-COST COMPANY YES NO | | | | | |
| PRICE: FEES: | | | | | |
| EARLY ARRIVAL DUE TO FLIGHT AVAILA | ABILITY FOR PERSONNAL REASONS PRICE DIFFERENCE TO BE PAID NO YES | | | | |
| LATE DEPARTURE DUE TO FLIGHT AVAIL | ABILITY FOR PERSONNAL REASONS PRICE DIFFERENCE TO BE PAID NO YES | | | | |
| OTHER COMMENTS: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| RESERVED TO BUDGET UNIT | | | | | |
| IMPUTATION BUDGETAIRE | | | | | |
| OTHER COMMENTS: | | | | | |
| | | | | | |
| | | | | | |