



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

# Travel Authorization (TA)

TA: **SS10/JUB/0666/JUN/20**

Related TA/s (Please indicate where applicable):

1	Name of Traveler	<b>Steller makasi KAVUWA - 76450</b>				Quarterly Travel Plans (QTP)				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2	Post of Duty:	<b>Juba. South Sudan</b>												
3	Persons accompanying traveler (for children indicate date of birth):													
4	Trip Schema	<input type="checkbox"/> Travel On Duty TDY	<input type="checkbox"/> Maternity Leave	<input checked="" type="checkbox"/> Rest & Recuperation	<input type="checkbox"/> TDY/AL	<input type="checkbox"/> TDY/R&R/Annual Leave	<input type="checkbox"/> Home Leave	<input type="checkbox"/> Annual Leave	<input type="checkbox"/> R&R Plus Annual Leave	<input type="checkbox"/> Appointment	<input type="checkbox"/> Repatriation - Admin	<input type="checkbox"/> Repatriation - OPS	<input type="checkbox"/> Medical Travel - HI	<input type="checkbox"/> Medical Travel - MSP
5	Purpose/justification of travel	<b>R&amp;R with SLWFP</b>												
6	Dates of official duty	<b>2020-12-14 to 2020-12-18</b>												
NB: For official duty of more than 4 weeks please refer to IN/179 on short term assignments														
7	WBS Info	#	WBS	Amount or Percentage	Notes									
		<b>1</b>	<b>XX.0000.XX00.00.00.000</b>	<b>100 %</b>	<b>DSA</b>									
	<input checked="" type="radio"/> Percentage													
	<input type="radio"/> Amount													
Project Manager's/Supervisor's				Budget / RMU Approval:										
8	Mode of travel	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Bus/Train	<input type="checkbox"/> Ship	<input type="checkbox"/> Ferry	<input type="checkbox"/> Car:								
						<input type="checkbox"/> IOM Vehicle								
						<input type="checkbox"/> Private Car	Covered by insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
9	Exact Travel Itinerary													
	FROM (location)	Date	TO (location)	Date	FROM (location)	Date	TO (location)	Date						
	<b>1</b>	<b>Juba</b>	<b>14/Dec/2020</b>	<b>Wau</b>	<b>18/Dec/2020</b>	<b>2</b>	<b>Wau</b>	<b>18/Dec/2020</b>	<b>Juba</b>	<b>18/Dec/2020</b>				
10	City(ies) of accommodation(specify):					<b>Nairobi</b>								
11	Private stay/Annual leave (or other leave) provided:					<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Indicate dates: <b>-</b>						
12	Private deviation:					<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Specify leg(s):						
13	Accommodation (board and/or lodging) provided:					<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Specify:						
14	Travel advance requested:		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Currency:	<b>USD</b>	via <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cash							
					Amount:	<b>1000</b>								
15	Visa(s) obtained:		<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Visa issued: <b>15-Jul-2019</b>								
16	Health briefings and vaccination obtained		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes									
17	Security clearance needed (www.undss.org)		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, requested by:		<input checked="" type="checkbox"/> Mission	<input type="checkbox"/> Headquarters						
	Security training completed (basic and advanced)		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes										
18	Please confirm that the Chief of Mission (COM) at destination has been informed of your arrival. If the function of COM at the duty station of destination does not exist or if the COM is absent, the Officer In Charge of that Mission or the Regional Director at the appropriate Regional Office must be informed.										<input checked="" type="checkbox"/> Yes			

Please complete all questions and if not applicable use N/A. Incomplete TAs will be returned to originator.

For every Travel Authorization issued, a Travel Expense Claim form must be filled out, even if no expenses are claimed. The claim is generally to be settled in the office where the Travel Authorization has been issued.

The travel expense claim must be submitted with: 1. The original of the Travel Authorization 2. Original hotel bills and receipts for all expenses separately claimed 3. Used ticket receipts and boarding passes for every leg of the journey 4. Any unused tickets for reimbursement to the Organization.

My signature below acknowledges that I have read and understood the Instruction IN/6-Travel Instructions including its related attachments and that the information on the TA form is accurate to the best of my knowledge.

Traveller

Supervisor:

Funds Certified by:

Approved by:

Izora Mutya MASKUN  
Head of Operations  
12/09/2020

Angelo MIGUEL  
12/09/2020

Jean-philippe Andre william CHAUZY  
Chief of Mission  
12/09/2020

## Payment of Travel Advances

Date Paid	Type of Payment	USD/Local Currency	Paying Office (Location Code)	Signature of Paying Officer	Voucher No.	Signature of Payee