



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	Steller makasi KAVUWA - 76450		Quarterly Travel Plans (QTP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Post of Duty:	Juba, South Sudan				
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	R&R with SLWFP				
6	Dates of official duty	2021-03-02 to 2021-03-09				
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	
		1	XX.0000.XX00.00.00.000	100 %	DSA	
	● Percentage					
	○ 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:				
	Leave Dates	From	To	<input type="checkbox"/> IOM Vehicle		
	Rest and Recuperation	From	To	<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
	1 Juba	02/Mar/2021	Malakal	02/Mar/2021	2 Malakal	09/Mar/2021
10	City(ies) of accommodation(specify): Nairobi					
11	Private stay/Annual leave (or other leave) provided:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Indicate dates: -			
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:	USD	via	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cash
			Amount:	1000		
15	Visa(s) obtained:	<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Visa issued: 15-Jul-2019			
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/Created by

Supervisor:

Funds Certified by:

Approved by:

[Signature]

[Signature]

[Signature]

Steller makasi KAVUWA

Izora Mutya MASKUN

Angelo MIGUEL

Information Management Coordinator

03/01/2021

03/01/2021

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

