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

Travel Authorization (TA)

TA: SS10/JUB/0851/OCT/20

Related TA/s (Please indicate where applicable):

1	Name of Traveler	**Lokiri james jackson DUKU - 86619**	Quarterly Travel Plans (QTP)	☐ Yes ☐ No
2	Post of Duty:	**Juba. South Sudan**		
3	Persons accompanying traveler (for children indicate date of birth):			
4	Trip Schema	☑ Travel On Duty TDY ☐ Maternity Leave ☐ Rest & Recuperation ☐ TDY/AL ☐ TDY/R&R/Annual Leave ☐ Home Leave ☐ Annual Leave ☐ R&R Plus Annual Leave ☐ Appointment ☐ Repatriation - Admin ☐ Repatriation - OPS ☐ Medical Travel - HI ☐ Medical Travel - MSP		
5	Purpose/justification of travel	**Training of TASS Users in Malakal**		
6	Dates of official duty	**2020-10-20 to 2020-11-03**		

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 and Travel**
	● Percentage					
	○ Amount					
		Project Manager's/Supervisor's		**Budget / RMU Approval:**		

8	Mode of travel	☑ Air	☐ Bus/Train	☐ Ship	☐ Ferry	☐ Car:
						☐ IOM Vehicle
						☐ Private Car — Covered by insurance ☐ Yes ☐ No

9 Exact Travel Itinerary

	FROM (location)	Date	TO (location)	Date		FROM (location)	Date	TO (location)	Date
1	**Juba**	**20/Oct/2020**	**Malakal**	**20/Oct/2020**	**2**	**Malakal**	**03/Nov/2020**	**Juba**	**03/Nov/2020**

10	City(ies) of accommodation(specify):			**Malakal**	
11	Private stay/Annual leave (or other leave) provided:	☑ No	☐ Yes	Indicate dates:	-
12	Private deviation:	☑ No	☐ Yes	Specify leg(s):	
13	Accommodation (board and/or lodging) provided:	☑ No	☐ Yes	Specify:	
14	Travel advance requested:	☑ No	☐ Yes	Currency: / Amount: **0**	*via* ☐ Bank Transfer ☐ Check ☐ Cash
15	Visa(s) obtained:	☑ N/A	☐ No ☐ Yes	Visa issued:	
16	Health briefings and vaccination obtained	☑ N/A	☐ No ☐ Yes		
17	Security clearance needed *(www.undss.org)*	☐ No	☑ Yes	If yes, requested by:	☑ Mission ☐ Headquarters
	Security training completed *(basic and advanced)*	☐ No	☑ 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.				☑ 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 claims. 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.

Traveler Signature/Date	Approval:Director of Department, Chief of Mission or Regional Director	Checked by RMO / RRMO For HQ: Authorized Director of DRM	For HQ or RD: Chief of Staff

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