

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
TRAVEL EXPENSE CLAIM

Name of Claimant: Lokiri james jackson DUKU - 86619 **Travel Authorisation No:** SS10/JUB/1459/AUG/19

						For Accounting Use only			
SECTION 1 - Itinerary						Daily Subsistence Allowance (DSA)			
		Date (dd-mmm)	Local Time (24hr)	Mode of Travel	No. kms (for car)	%	No Of Nights	DSA Rate in USD	Amount USD
Dep.	Juba	07-Aug-19		Air					
Arr.	New Fangak	07-Aug-19		Air					
Dep.	New Fangak	08-Aug-19		Air					
Arr.	Tonga	08-Aug-19		Air					
Dep.	Tonga	09-Aug-19		Air					
Arr.	New Fangak	09-Aug-19		Air					
Dep.	New Fangak	16-Jan-20		Air					
Arr.	Juba	16-Jan-20		Air					

TOTAL SECTION 1 _____ \$

Remarks

SECTION 2 - Expenses								
	Details of Expenditure	Date Paid (dd-mmm)	Curr.	Amount			Rate USD	Amount USD

TOTAL SECTION 2 (Note: Please provide receipts for all expenses claimed.) _____ \$

Remarks

SECTION 3 - Travel Advances								
	Paying Office (Location Code)	Date Paid (dd-mmm)	Curr.	Amount			Rate USD	Amount USD

TOTAL SECTION 3 _____ \$

I request payment of travel allowances due and/or reimbursement of expenses in accordance with the general instructions on travel.

Remarks:



Lokiri james jackson DUKU

SIGNATURE OF CLAIMANT

APPENDIX B**TRAVEL EXPENSE CLAIM
SUMMARY OF TOTALS****Name of Claimant:** _____**TA No:** _____**Date submitted to Accounting:** 04-03-2021

YES	NA	Travel claim documents to be submitted with the Travel Expense Claim (TEC)	Notes/Comments
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	USD	GL
Total Section 1		
Total Section 2		
Sub Total	0.00	
Less Total Section 3	()	
DueTo (From) Staff	0.00	

Prepared by:**Reviewed by:****Approved By:**_____
Finance_____
RMO_____
SRMO