

**INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)**  
**TRAVEL EXPENSE CLAIM**

**Name of Claimant:** khaled mahmod Alaqar **Travel Authorisation No:** JO10/2076/18

**For Accounting Use only**

SECTION 1 - Itinerary		Date (dd-mmm)	Local Time (24hr)	Mode of Travel	No. kms (for car)	Daily Subsistence Allowance (DSA)			
						%	No Of Nights	DSA Rate in USD	Amount USD
<b>Dep.</b>	Amman	05-Mar-18		Car					
<b>Arr.</b>	Ruwaished	05-Mar-18		Car					
<b>Dep.</b>	Ruwaished	06-Mar-18		Car					
<b>Arr.</b>	Amman	06-Mar-18		Car					

**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:**

\_\_\_\_\_  
**SIGNATURE OF CLAIMANT**

**APPENDIX B****TRAVEL EXPENSE CLAIM  
SUMMARY OF TOTALS**

Name of Claimant: \_\_\_\_\_

TA No: \_\_\_\_\_

Date submitted to Accounting: \_\_\_\_\_

YES	N/A	Travel claim documents to be submitted with the Travel Expense Claim (TEC)	Notes/Comments
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**For Accounting Use Only**

	USD	JOD	GL
Total Section 1			
Total Section 2			
Sub Total	0.00	0.00	
Less Total Section 3	()	()	
DueTo (From) Staff	0.00	0.00	

**Prepared by:****Reviewed By:****Approved By:**\_\_\_\_\_  
Admin HR Assistant\_\_\_\_\_  
Finance\_\_\_\_\_  
SRMO/RR/COM/HOO