

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

**Name of Claimant:** Augustine Okech PAITO - 44377 **Travel Authorisation No:** SS10/JUB/1120/OCT/20

**For Accounting Use only**

| SECTION 1 - Itinerary |          |           |        |     | Daily Subsistence Allowance (DSA) |              |                 |            |
|-----------------------|----------|-----------|--------|-----|-----------------------------------|--------------|-----------------|------------|
|                       |          |           |        |     | %                                 | No Of Nights | DSA Rate in USD | Amount USD |
| <b>Dep.</b>           | Juba     | 21-Oct-20 | #Error | Car |                                   |              |                 |            |
| <b>Arr.</b>           | Mangalla | 21-Oct-20 | #Error | Car |                                   |              |                 |            |
| <b>Dep.</b>           | Mangalla | 21-Oct-20 | #Error | Car |                                   |              |                 |            |
| <b>Arr.</b>           | Juba     | 21-Oct-20 | #Error | 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:

Augustine Okech PAITO  
- 44377

TA No:

SS10/JUB/1120/OCT/20

Date submitted to Accounting:

04-12-2020

| YES | NA | Travel claim documents to be submitted with the Travel Expense Claim (TEC)  | Notes/Comments |
|-----|----|---|----------------|
|     | ✓  | Accommodation and/or meals officially provided by organizers have been specified on the original TA and Remarks section of the TEC                            |                |
|     | ✓  | All materials used during travel have been returned to the office (e.g. phones, laptops, keys, badges, etc.)  |                |
|     | ✓  | Annual leave in connection with official travel or a private stay at some point en route has been specified on the original TA and Remarks section of the TEC |                |
|     | ✓  | For trainings, conferences or workshop - programme or schedule of activities provided by the Organizers   |                |
|     | ✓  | High rate hotel - approval documentation from the Executive Officer and original hotel  |                |
|     | ✓  | Original bills and receipts from hotel or other paid accommodation  |                |
| ✓   |    | Original receipts for all expenses claimed on Section 2 of the TEC  |                |
| ✓   |    | Original ticket receipts & boarding passes for all legs of the journey  |                |
| ✓   |    | Original Travel Authorization (TA)  |                |

## For Accounting Use Only

|                      | 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