

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
TRAVEL EXPENSE CLAIM

Name of Claimant: _____ **Travel Authorisation No:** _____

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

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