



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) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Post of Duty: | Juba. South Sudan | | | | | | |
| 3 | Persons accompanying traveler (for children indicate date of birth): | | | | | | | |
| 4 | Trip Schema | <input checked="" type="checkbox"/> Travel On Duty TDY | <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Rest & Recuperation | <input type="checkbox"/> TDY/AL | <input type="checkbox"/> TDY/R&R/Annual Leave | <input type="checkbox"/> Home Leave | <input type="checkbox"/> Annual Leave |
| | | <input type="checkbox"/> R&R Plus Annual Leave | <input type="checkbox"/> Appointment | <input type="checkbox"/> Repatriation - Admin | <input type="checkbox"/> Repatriation - OPS | <input type="checkbox"/> Medical Travel - HI | <input type="checkbox"/> Medical Travel - MSP | |
| 5 | Purpose/justification of travel | Training of TASS Users in WAU | | | | | | |
| 6 | Dates of official duty | 2020-10-20 to 2020-11-02 | | | | | | |
| 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 | DP.1958.SS10.51.05.001 | 100 % | DSA and Travel | | | |
| | <input checked="" type="radio"/> Percentage | | | | | | | |
| | <input type="radio"/> Amount | | | | | | | |
| Project Manager's/Supervisor's | | | | Budget / RMU Approval: | | | | |
| 8 | Mode of travel | <input checked="" type="checkbox"/> Air | <input type="checkbox"/> Bus/Train | <input type="checkbox"/> Ship | <input type="checkbox"/> Ferry | <input type="checkbox"/> Car: | | |
| | | | | | | <input type="checkbox"/> IOM Vehicle | | |
| | | | | | | <input type="checkbox"/> Private Car | Covered by insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | Exact Travel Itinerary | | | | | | | |
| | FROM (location) | Date | TO (location) | Date | FROM (location) | Date | TO (location) | Date |
| | 1 Juba | 20/Oct/2020 | Wau | 20/Oct/2020 | 2 Wau | 02/Nov/2020 | Juba | 02/Nov/2020 |
| 10 | City(ies) of accommodation(specify): | | | | WAU | | | |
| 11 | Private stay/Annual leave (or other leave) provided: | | | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Indicate dates: - | | |
| 12 | Private deviation: | | | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Specify leg(s): | | |
| 13 | Accommodation (board and/or lodging) provided: | | | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Specify: | | |
| 14 | Travel advance requested: | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Currency: | via <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Check <input type="checkbox"/> Cash | | | |
| | | | | Amount: | 0 | | | |
| 15 | Visa(s) obtained: | | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes | Visa issued: | | | | |
| 16 | Health briefings and vaccination obtained | | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 17 | Security clearance needed | (www.undss.org) | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | If yes, requested by: | | <input checked="" type="checkbox"/> Mission | <input type="checkbox"/> Headquarters | |
| | Security training completed | (basic and advanced) | <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. | | | | | | | <input checked="" type="checkbox"/> 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 claimed. 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 |
|-----------|-----------------|--------------------|-------------------------------|-----------------------------|-------------|--------------------|
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