

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 |
|-----|-----|--|----------------|
|-----|-----|--|----------------|

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