

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
TRAVEL EXPENSE CLAIM

Name of Claimant: Farah SAMIR ABDEL-QADER YOUNIS **Travel Authorisation No:** JO10/1735/18

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
Dep.	Amman	10-Jan-18		Car					
Arr.	Al-Zarqa	10-Jan-18		Car					
Dep.	Al-Zarqa	10-Jan-18		Car					
Arr.	Amman	10-Jan-18		Car					

TOTAL SECTION 1 \$

Remarks

SECTION 2 - Expenses		Date Paid (dd-mmm)	Curr.	Amount		Rate USD	Amount USD
Details of Expenditure							

TOTAL SECTION 2 (Note: Please provide receipts for all expenses claimed.) \$

Remarks

SECTION 3 - Travel Advances		Date Paid (dd-mmm)	Curr.	Amount		Rate USD	Amount USD
Paying Office (Location Code)							

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	NA	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