



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

## Travel Authorization (TA)

TA: **SS10/JUB/0523/MAY/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 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 checked="" 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	TO CONDUCT NEED ANALYSIS IN TONGA UPPER NILE STATE FOR THE NEW INFLUX OF RETURNEES							
6	Dates of official duty	2020-05-12 to 2020-05-15							
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	12/May/2020	Wau	12/May/2020	2 Wau	15/May/2020	Juba	15/May/2020	
10	City(ies) of accommodation(specify):								
	New Fangak								
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
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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

