



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

Travel Authorization (TA)

TA: **JO10/1706/18**

Related TA/s (Please indicate where applicable):

1	Name of Traveler	Farah Samir YOUNIS				Quarterly Travel Plans (QTP) <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Post of Duty:	Amman, Jordan							
3	Persons accompanying traveler (for children indicate date of birth):								
4	Trip Schema	<input checked="" type="checkbox"/> Travel On Duty TDY <input type="checkbox"/> Evacuation <input type="checkbox"/> Rest & Recuperation <input type="checkbox"/> Escort <input type="checkbox"/> Education Grant <input type="checkbox"/> Home Leave <input type="checkbox"/> Family Travel <input type="checkbox"/> Transfer <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	Voucher Distribution							
6	Dates of official duty	2018-01-07 to 2018-01-07							
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	TC.1014.JO10.12.02.001	0 % -					
	<input checked="" type="radio"/> Percentage								
	<input type="radio"/> Amount								
Project Manager's/Supervisor's				Budget / RMU Approval:					
8	Mode of travel	<input type="checkbox"/> Air <input type="checkbox"/> Bus/Train <input type="checkbox"/> Ship <input type="checkbox"/> Ferry				<input checked="" 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 Amman	07/Jan/2018	Al-Zarqa	07/Jan/2018	2 Al-Zarqa	07/Jan/2018	Amman	07/Jan/2018	
10	City(ies) of accommodation(specify):								
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 type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
17	Security clearance needed (www.undss.org)		<input type="checkbox"/> N/A <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