

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
TRAVEL EXPENSE CLAIM

Name of Claimant: khaled mahmod Alaqar **Travel Authorisation No:** JO10/2076/18

For Accounting Use only

SECTION 1 - Itinerary						Daily Subsistence Allowance (DSA)			
		Date (dd-mmm)	Local Time (24hr)	Mode of Travel	No. kms (for car)	%	No Of Nights	DSA Rate in USD	Amount USD
Dep.	Amman	05-Mar-18		Car					
Arr.	Ruwaished	05-Mar-18		Car					
Dep.	Ruwaished	06-Mar-18		Car					
Arr.	Amman	06-Mar-18		Car					

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