

Trips: Trips - 15

HS L 179:72



Dag Hammarskjöld's saml.

H. D. trips 1951 April, May

- 1.) Voucher for Reimbursement of Travel and other Expenses
- 2.) Advice 1 (Chemical Corn Exchange Bank)
- 3.) Notes (Hôtel du Rhône, Geneva)

Chambre No. 435
 Nombre de personnes 1
 Arrangement 29.-
 Nom Mr. J. HAMMARSKOLID

HÔTEL DU RHÔNE . GENÈVE
 Adresse télégraphique: Rhonotel Téléphone (022) 3270 40
 TELEX: 22 213 **NOTE**

	DATE	* LIBELLÉ	DÉBIT	PAIEMENT	SOLDE
	1	-8MAI-57 TR.DEB.	*277.95		* 277.95 *
	2	-8MAI-57 PAIM.		*277.95	* 0.00 *
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	24				

La facture est payable à présentation
 The bill is payable on presentation



* Voir explications du libellé au verso
 * For explanation of "libellé" kindly refer to back of bill

HAVE YOU LEFT YOUR KEY?

Le petit déjeuner et le service sont comptés dans le prix de la chambre - Continental breakfast and service are included in the price of the room

La somme inscrite dans la colonne PAIEMENT sera considérée comme quittance

N'oubliez pas de rendre la clé de votre chambre! MERCI.



	Explanation of "libellé"	Explication du libellé
DEB.	Personal expenses paid by the porter: Cables, Stamps, Taxi, Shop bills, etc.	Dépenses personnelles payées par le concierge: Timbres, taxi, achats en ville, etc.
APPT.	Rooms and continental breakfast and service	Appartement, petit déjeuner et service
AR. Pens.	Fullboard	Pension
Bag.	Luggages	Bagages
BLANC	Laundry	Blanchissage
CAVE	Drinks served in the rooms	Boissons diverses
CAFE	Coffee, Tea, Milk, hot drinks, etc.	Boissons chaudes
CUIS.	Meals served in the rooms and extras breakfast: orange juice, porridge, eggs and bacon, etc.	Cuisine Repas et extras
PAIM.	Cash	Quittance
REST.	Meals taken in the restaurant	Repas pris au restaurant

Chambre No. 435
 Nombre de personnes 1
 Arrangement 9-
 Nom M. JAG. HANNACHER

HÔTEL DU RHÔNE . GENÈVE

Adresse télégraphique: Rhonotel

Téléphone (022) 32 70 40

TELEX: 22 213

NOTE

	DATE	*LIBELLÉ	DÉBIT	PAIEMENT	SOLDE
1		CAFE	1.70		
2		CAVE	4.00		
3	30AVR-57	APPT.	29.00		★ 34.70 *
4	-1MAI-57	REST.	2.00		★ 36.70 *
5	-1MAI-57	REST.	1.70		★ 38.40 *
6	-1MAI-57	APPT.	29.00		★ 67.40 *
7	-2MAI-57	REST.	2.90		★ 70.30 *
8	-2MAI-57	BLANC	3.00		★ 73.30 *
9	-2MAI-57	APPT.	29.00		★ 102.30 *
10	-3MAI-57	REST.	2.80		★ 105.10 *
11	-3MAI-57	BLANC	8.85		★ 113.95 *
12	-3MAI-57	APPT.	29.00		★ 142.95 *
13	-4MAI-57	REST.	2.05		★ 145.00 *
14	-4MAI-57	APPT.	29.00		★ 174.00 *
15	-5MAI-57	REST.	2.80		★ 176.80 *
16	-5MAI-57	APPT.	29.00		★ 205.80 *
17	-6MAI-57	REST.	2.00		★ 207.80 *
18	-6MAI-57	DEB.	2.00		★ 209.80 *
19		TELE.	0.60		
20	-6MAI-57	APPT.	29.00		★ 239.40 *
21	-7MAI-57	REST.	2.00		★ 241.40 *
22	-7MAI-57	BLANC	5.55		★ 246.95 *
23	-7MAI-57	APPT.	29.00		★ 275.95 *
24	-8MAI-57	REST.	2.00		★ 277.95 *

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N'OUBLIEZ PAS DE RENDRE LA CLÉ DE VOTRE CHAMBRE! MERCI.



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REST.	Meals taken in the restaurant	Repas pris au restaurant

CHEMICAL CORN EXCHANGE BANK

NEW YORK

UNITED NATIONS OFFICE

ADVICE 1

DATE APRIL 12, 1957

The Provisions for Bank Collections of the New York Negotiable Instruments Law shall be deemed to apply with respect to the obligations of the Bank in connection with all items, whether or not negotiable, received by the Bank and all items so received shall, in the absence of express agreement to the contrary, be deemed to have been received for collection only.

We credit your account subject to the above mentioned provisions.

Check on 1-12 drawn by U N Emergency Force Contrubtions acct.

AMOUNT

\$315.00

MR. DAG. HAMMARSKJOLD
BOX 20, RM 3800-A
GRAND CENTRAL P.O
NEW YORK 17, N.Y.

This acknowledgment of receipt of the above described letter(s) is intended merely as such and not as an advice of payment of any item included therein. Proceeds of above have been credited to your account, subject to final payment.

CHEMICAL CORN EXCHANGE BANK

CR-13 (4-55) ROUTING SLIP

TO: Mrs. Grace Lodge
3834

APPROVAL	MORE DETAILS
REPLY, PLEASE	<input checked="" type="checkbox"/> YOUR INFORMATION
SEE ME, PLEASE	RETURNED AS REQUESTED
YOUR SIGNATURE	INVESTIGATE AND REPORT
NOTE AND FILE	FOR ACTION
NOTE AND RETURN	REPLY FOR MY SIGNATURE
YOUR COMMENTS	INITIAL AND FORWARD

and please forward
to Mr. Gammarafole

We have requested
that the cheque, \$315.00,
be deposited with
the Chemical Bank
as per instructions

COMMENTS FOR THE RECORD SHOULD NOT BE WRITTEN ON THIS
SLIP. REFERRAL SHEET PT.108 SHOULD BE USED INSTEAD.

DATE: 10 Apr 57

FROM: J. Warner
3706

TO BE COMPLETED BY TRAVELLER

CITY AND COUNTRY OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE			HOUR* AM/PM	NUMBER OF DAYS									
		D A Y	M O N T H	Y E A R		DURING WHICH MAJOR PORTION OF DAY WAS SPENT			BEYOND 60 DAYS** (when applicable)		SICK OR ANNUAL LEAVE		DURING WHICH SPECIAL RATES OF SUBSISTENCE APPLY		
						ABOARD PLANES, TRAINS	IN NON- SPECIFIED AREAS	IN SPECIFIED AREAS	IN NON- SPECIFIED AREAS	IN SPECIFIED AREAS	SUBS. PAYABLE	SUBS. NOT PAYABLE	DURA- TION	DUTY STATION	
DEP. New York	air	19	3	57	17.00										
ARR. Cairo		20	3	57											
STOPOVER:															
DEP. Cairo	air	27	3	57											
ARR. New York		28	3	57											
STOPOVER:															
DEP.															
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REMARKS: (List here unused tickets, other explanations)

TOTAL NUMBER OF DAYS	9														
RATE PER DAY APPLICABLE	35.-														
SUBSISTENCE TOTALS	315.-														
TOTAL SUBSISTENCE															
TRANSIT ALLOWANCE															
TERMINAL ALLOWANCE															
TOTAL TRAVEL ALLOWANCE															

NOTE: SUBMIT A SEPARATE "VOUCHER FOR REIMBURSEMENT OF TRAVEL AND/OR OTHER EXPENSES" IF ELIGIBLE DEPENDENTS ACCOMPANYING YOU HAVE ITINERARIES WHICH DIFFER FROM YOURS.

* HOUR am/pm should indicate time of departure from or arrival at terminals.

** If the subsistence allowance has been received for more than 60 days, indicate whether or not you have eligible dependents residing with you at your official duty station. Yes No