

# Trips: Trips - 16

*HS L 179:72*



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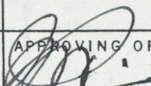
Dag Hammarskjöld's saml.

H. O. trips 1957 May

Voucher for Reimbursement of Expenses

(trip N. York - Rom - Geneva - Jerusalem - N. York  
14 days)

VOUCHER FOR REIMBURSEMENT OF EXPENSES

TO BE COMPLETED BY CONTROLLER AMOUNT: \$ 490.00	CHEQUE NO.	EXAMINER:	CURRENCY:	VOUCHER NO.:
	BANK NO.	APPROVING OFFICER: 	COUNTRY:	DATE: 6681 MAY 17 5

TO BE COMPLETED BY CLAIMANT

PAYEE: Dag Hammarskjold CATEGORY: \_\_\_\_\_

Called for at CASHIER'S office - Indicate your Tel. Ext. 868

Mailed to following address:

Mailed to following BANK A/C: ALSO, indicate address where payee advice is to be mailed:

DUTY STATION \_\_\_\_\_


DEPT. DIV. OR OFFICE \_\_\_\_\_

PT. 8 OR MOD NO. 57-985 100.1

ACCOUNT NO. \_\_\_\_\_


DATE	At- tach ment No.	DESCRIPTION OF EXPENSES Tickets purchased, Terminal expenses, Telegrammes, Taxis, Authorized excess baggage, etc.. (ATTACH RECEIPTS)	LOCAL CURRENCY	EXCHANGE RATE	FOR CONTROLLER ONLY	
					U.S. \$ EQUIVALENT	APPROVED AMOUNT
		12 days <u>per diem</u> to be charged to Account 1400-33-02				
		2 " " " " " " " " " " 4300-33				
<i>Handwritten note with arrow: 12 days per diem to be charged to Account 1400-33-02</i>						
TOTAL TRAVEL ALLOWANCE (SEE REVERSE SIDE)						490.00

I claim the subsistence and terminal allowances in connection with the journey (as indicated on the reverse side hereof), which I certify to have been made as authorized. I further certify that all expenses claimed represent actual disbursements made by me; and dependents indicated, actually travelled as shown.

SIGNATURE OF CLAIMANT:  DATE: \_\_\_\_\_

This claim is in conformity with the journey as actually authorized. Payment of subsistence and/or transit allowances is approved for all official stopovers and necessary travel time reported by the Claimant on the reverse side, except as otherwise noted by me.

NO EXCEPTIONS  FOR EXCEPTIONS, SEE REVERSE SIDE

SIGNATURE OF ADMIN./CERTIFYING OFFICER:  DATE: 15/07/57

TOTAL	490.-
LESS ADVANCES	— 0 —
BALANCE DUE UN IF ANY ...	— — —
NET PAYMENT	\$ 490.00

FOR USE OF CONTROLLER ONLY	GENERAL ACCOUNT	AMOUNT (U.S.\$) DR OR CR*	ALLOTMENT ACCOUNT	LIQUIDATION AMOUNT	OBLIGATION DOCUMENT	DESCRIPTION/I. O. V.
TOTAL DEBITS	TOTAL CREDITS		TOTAL LIQUIDATIONS			

**TO BE COMPLETED BY CLAIMANT**

Extra sheets should be attached with full explanation of lengthy or involved travel.

NOTE: Submit a separate Form F.10, "if eligible dependents have itineraries which differ from yours. Subsistence may be subject to a reduction after 60 days under the Staff Rules.

Do you have eligible dependents residing with you at your official duty station? YES  NO

**FOR USE OF CONTROLLER**

COMMENTS OF ADM./CERTIFYING OFFICER REGARDING STOP-OVERS, DELAYS, ETC.

CITY AND COUNTRY OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE			HOUR * AM/PM	NUMBER OF DAYS DURING WHICH MAJOR PORTION OF DAY WAS SPENT				RATE PER DAY IN SPECIAL AREAS	TOTAL SUBSISTENCE IN SPECIAL AREAS
		DAY	MONTH	YEAR		ABOARD PLANES TRAINS	IN NON-SPECIFIED AREAS	IN SPECIFIED AREAS	IN SPECIAL AREAS		
DEP.: New York		28	4	57							
ARR.: Rome		29	4	57							
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Rome		30	4	57							
ARR.: Geneva		30	4	57							
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: <del>Jerusalem</del> Geneva		9	5	57							
ARR.: Jerusalem		10	5	57							
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Jerusalem		11	5	57							
ARR.: New York		12	5	57							
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
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ARR.:											
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.:											
ARR.:											
STOPOVER	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
* HOUR AM/PM should indicate time of departure from or arrival at airports, piers, or railroad stations. Any deviation from itinerary and standards of accommodations authorized by Form PT.8 and any stop-over not authorized thereby must be supported by full explanation; otherwise your claim may be reduced.					TOTAL NUMBER OF DAYS		14			TRANSIT ALLOWANCE	
					RATE PER DAY APPLICABLE		35			TERMINAL ALLOWANCE	
					SUBSISTENCE TOTALS		490.				

REMARKS: (List names and ages of dependents, unused tickets, other explanations etc.)

TOTAL TRAVEL ALLOWANCE