

Trips: Trips - 12

HS L 179:73



Dag Hammarskjöld's samml.

D. H. trips 1958 March-April

Voucher for Reimbursement of Expenses

D.H. trip - N. York, Stockholm, Moscow, Geneva, London

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		21	3	58	17.-						
ARR.: Stockholm											
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Stockholm											
ARR.: Moscow											
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Moscow											
ARR.: Geneva											
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Geneva											
ARR.: London											
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: London											
ARR.: Geneva											
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Geneva											
ARR.: New York		5	4	58	09						
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.:											
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	15.-					TRANSIT ALLOWANCE
					RATE PER DAY APPLICABLE	35.-					TERMINAL ALLOWANCE
					SUBSISTENCE TOTALS	525.-					

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

TOTAL TRAVEL ALLOWANCE

