

Trips: Trips - 18

HS L 179:74



Dag Hammarskjölds samml.

Sec. Gen.'s trip to Middle East 1958

Voucher for Reimbursement of Expenses

18 Dec. 58 — 9 Jan. 59

UNITED NATIONS  NATIONS UNIES

VOUCHER FOR REIMBURSEMENT OF EXPENSES

TO BE COMPLETED BY CONTROLLER		CHEQUE NO.	EXAMINER:	CURRENCY:	VOUCHER NO.
AMOUNT: \$ 665.00			<i>[Signature]</i>		1523 FEB 12 '59
		BANK NO.	APPROVING OFFICER:	COUNTRY:	DATE:
			<i>[Signature]</i>		

TO BE COMPLETED BY CLAIMANT

NAME: Dag HAMMARSKJÖLD CATEGORY: SG DUTY STATION: HQ

DEPT./ DIV. OR OFFICE: _____ TEL. EXT. _____ CHEQUE TO BE Called for at CASHIER'S office.

PT. 8 OF M.O.D. NO. _____ ACCOUNT NO. _____ DEPOSITED to Bank A/C as indicated under "REMARKS"

NO. OF DEPENDENTS: _____ (List names and ages on the reverse side under "REMARKS") MAILED to Home address as indicated under "REMARKS"

DATE	At- tach ment No.	DESCRIPTION OF EXPENSES <small>Tickets purchased, Terminal expenses, Telegrammes, Taxis, Authorized excess baggage, etc..(ATTACH RECEIPTS)</small>	LOCAL CURRENCY	EXCHANGE RATE	FOR CONTROLLER ONLY	
					U. S. \$ EQUIVALENT	APPROVED AMOUNT

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: *[Signature]* 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 (UNDER "REMARKS")

SIGNATURE OF ADMIN./CERTIFYING OFFICER: *[Signature]* DATE: _____

TOTAL TRAVEL SUBSISTENCE ALLOWANCE	665.
LESS ADVANCES	
NET PAYMENT (U.S.DOLLARS)	\$ 665.00
OTHER CURRENCY EQUIVALENT	

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			

[Signature]

TO BE COMPLETED BY CLAIMANT

FOR USE OF CONTROLLER

CITY AND COUNTRY OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE				HOUR * AM / PM	NUMBER OF DAYS							DUTY STATION
		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)		AC- CRUED ANNUAL LEAVE	DURING WHICH SPECIAL RATES OF SUBSISTENCE APPLY				
							IN NON- SPECI- FIED AREAS	IN SPECI- FIED AREAS		IN NON- SPECI- FIED AREAS	IN SPECI- FIED AREAS	SUBS. PAY- ABLE	DURA- TION	
DEP.: New York	Air	18	12	58	13:20									
ARR.: Stockholm		19	12	58	11.10									
STOPOVER: "	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>													
DEP.: Stockholm		22	12	58	15.35									
ARR.: Beirut														
STOPOVER: etc.	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>													
DEP.:														
ARR.: New York			9	1	59	20.30								
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>													
DEP.:														
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* 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.

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.

TOTAL NUMBER OF DAYS	22 - 3 days in Stockholm = 19 days	TRANSIT ALLOWANCE
RATE PER DAY APPLICABLE	\$ 35.-	TERMINAL ALLOWANCE
SUBSISTENCE TOTALS	\$ 665.-	
TOTAL TRAVEL ALLOWANCE		

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