Trips: Trips - 35

HS L 179:75

Sec. Gen's trip to Mexico 1959

Voucher for Reimbursement of Expenses

6 - 9 April

F. 10 (1-56)

UNITED NATIONS NATIONS UNIES

VOUCHER FOR REIMBURSEMENT OF EXPENSES

TO BE COMPLETED BY CONTROLLER	CHEQUE NO.	EXAMINER:	CURRENCY:	VOUCHER NO.:
AMOUNT: $ 105.00	BANK NO.	APPROVING OFFICER:	COUNTRY:	DATE: 3972 APR 14 '59

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 or M.O.D. NO. 59-861 ACCOUNT NO. 08-101-058 ☐ 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	Attachment 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	FOR CONTROLLER ONLY: 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: _____ DATE: 9 April 1959

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: Leo Malania DATE: _____

TOTAL TRAVEL SUBSISTENCE ALLOWANCE	105
LESS ADVANCES	—
NET PAYMENT (U.S. DOLLARS)	$ 105.00
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		

*Indicate by crackets

1st cc: AUDITED COPY – RETURN TO CLAIMANT

(over)

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TO BE COMPLETED BY CLAIMANT

FOR USE OF CONTROLLER

CITY AND COUNTRY OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE DAY	DATE MONTH	DATE YEAR	HOUR * AM / PM	NUMBER OF DAYS: DURING WHICH MAJOR PORTION OF DAY WAS SPENT — ABOARD PLANES TRAINS	IN NON-SPECIFIED AREAS	IN SPECIFIED AREAS	BEYOND 60 DAYS (when applicable) — IN NON-SPECIFIED AREAS	IN SPECIFIED AREAS	ACCRUED ANNUAL LEAVE — SUBS. PAYABLE	DURING WHICH SPECIAL RATES OF SUBSISTENCE APPLY — DURATION	DUTY STATION
DEP.: New York	air	6	4	59	11.00								
ARR.: Mexico City													
STOPOVER:	OFFICIAL ☐ PERSONAL ☐												
DEP.: Mexico City													
ARR.: New York		9	4	59	7.00								
STOPOVER:	OFFICIAL ☐ PERSONAL ☐												
DEP.:													
ARR.:													
STOPOVER:	OFFICIAL ☐ PERSONAL ☐												
DEP.:													
ARR.:													
STOPOVER:	OFFICIAL ☐ PERSONAL ☐												
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STOPOVER:	OFFICIAL ☐ PERSONAL ☐												
DEP.:													
ARR.:													
STOPOVER:	OFFICIAL ☐ PERSONAL ☐												
DEP.													
ARR.:													
STOPOVER	OFFICIAL ☐ PERSONAL ☐												
	TOTAL NUMBER OF DAYS					3							TRANSIT ALLOWANCE
	RATE PER DAY APPLICABLE					$ 35							TERMINAL ALLOWANCE
	SUBSISTENCE TOTALS					$ 105.-							
													TOTAL TRAVEL ALLOWANCE

* 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 stopover 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.

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