

# Trips: Trips - 22

HS L 179:78



Dag Hammarskjöld's saml.

Trip to London 1960

June 16

Voucher for Reimbursement of Expenses



### 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

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

| CITY AND COUNTRY<br>OF<br>DEPARTURE AND ARRIVAL  | MODE OF<br>TRAVEL  | DATE        |                       |                  | HOUR *<br>AM/PM | NUMBER OF DAYS                                 |  |                                    |                             | RATE<br>PER<br>DAY<br>IN<br>SPE-<br>CIAL<br>AREAS | TOTAL<br>SUB-<br>SIS-<br>TENCE<br>IN<br>SPE-<br>CIAL<br>AREAS |
|--|--|-------------|-----------------------|------------------|-----------------|--|--|------------------------------------|-----------------------------|---|---|
|  |  | D<br>A<br>Y | M<br>O<br>N<br>T<br>H | Y<br>E<br>A<br>R |                 | DURING WHICH MAJOR PORTION<br>OF DAY WAS SPENT |  |                                    |                             |   |   |
|  |  |             |                       |                  |                 | ABOARD<br>PLANES<br>TRAINS                     | IN<br>NON-<br>SPE-<br>CI-<br>FIED<br>AREAS | IN<br>SPE-<br>CI-<br>FIED<br>AREAS | IN<br>SPE-<br>CIAL<br>AREAS |   |   |
| DEP.: New York   |  | 12          | V                     | 60               | 1000            |  |  |                                    |                             |   |   |
| ARR.: London   |  | 12          | V                     | 60               | 2130            |  |  |                                    |                             |   |   |
| STOPOVER: London   | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  | 5                                  |                             |   |   |
| DEP.: London   |  | 16          | V                     | 60               | 1800            |  |  |                                    |                             |   |   |
| ARR.: New York   |  | 16          | V                     | 60               | 2055            |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  |                                    |                             |   |   |
| DEP.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| ARR.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  |                                    |                             |   |   |
| DEP.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| ARR.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  |                                    |                             |   |   |
| DEP.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| ARR.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  |                                    |                             |   |   |
| DEP.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| ARR.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  |                                    |                             |   |   |
| DEP.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| ARR.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  |                                    |                             |   |   |
| DEP.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| ARR.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>PERSONAL <input type="checkbox"/> |             |                       |                  |                 |  |  |                                    |                             |   |   |
| DEP.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| ARR.:  |  |             |                       |                  |                 |  |  |                                    |                             |   |   |
| STOPOVER:  | OFFICIAL <input type="checkbox"/><br>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                           |  | 5                                  |                             |   | TRANSIT ALLOWANCE   |
|  |  |             |                       |                  |                 | RATE PER DAY APPLICABLE                        |  | 75                                 |                             |   | TERMINAL ALLOWANCE  |
|  |  |             |                       |                  |                 | SUBSISTENCE TOTALS                             |  | 375                                |                             |   | 375 375   |

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

TOTAL TRAVEL ALLOWANCE

375 375