

Trips: Trips - 32

HS L 179:78



Dag Hammarskjöld's samml.

Trip to Belgium/Congo 1960

Aug. 9

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 OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE				HOUR * AM/PM	NUMBER OF DAYS				RATE PER DAY	TOTAL SUB- SIS- TENCE	
		D A Y	M O N T H	Y E A R	DURING WHICH MAJOR PORTION OF DAY WAS SPENT		A B O A R D P L A N E S T R A I N S	I N N O N- S P E- C I- F I E D A R E A S	I N S P E- C I- F I E D A R E A S	I N S P E- C I A L A R E A S			I N S P E- C I A L A R E A S
DEP.: New York		26	7	60	2130	<i>P.D. Entitlement</i>							
ARR.: Brussels		27	7	60	0915								
STOPOVER: "	OFFICIAL <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/>												<i>26/7 - 5/8 : 11 @ 35.00. 385.00.</i>
DEP.: "		27	7	60	1510								
ARR.: Brazzaville		28	7	60	0815								
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>												
DEP.: "													
ARR.: Leopoldville													
STOPOVER: "	OFFICIAL <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/>												
DEP.: Leopoldville		5	8	60									
ARR.: New York		6	8	60									
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>												
DEP.:													
ARR.:													
STOPOVER	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>												
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STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>												
DEP.:													
ARR.:													
STOPOVER	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>												
<p>* 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.</p>						TOTAL NUMBER OF DAYS	11					TRANSIT ALLOWANCE	
						RATE PER DAY APPLICABLE	35					TERMINAL ALLOWANCE	
						SUBSISTENCE TOTALS	385						

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

TOTAL TRAVEL ALLOWANCE \$ **385.00**