

Trips: Trips - 56

HS L 179:78



Dag Hammarskjöld's samtl.

Trip to Tunis 1961 - 23-27 July

Voucher for Reimbursement of Expenses

L 179:78

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 DURING WHICH MAJOR PORTION OF DAY WAS SPENT				RATE PER DAY IN SPE- CIAL AREAS	TOTAL SUB- SIS- TENCE IN SPE- CIAL AREAS
		D A Y	M O N T H	Y E A R		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		
DEP.: New York	AIR	23	7	61							
ARR.: Rome		24	7	61							
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Rome		24	7	61							
ARR.: Tunis		24	7	61							
STOPOVER:	OFFICIAL <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Tunis	AIR	27	7	61							
ARR.: Rome		27	7	61							
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.: Rome	AIR	27	7	61							
ARR.: New York		27	7	61							
STOPOVER:	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
DEP.:											
ARR.:											
STOPOVER	OFFICIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/>										
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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	4					TRANSIT ALLOWANCE
					RATE PER DAY APPLICABLE	35					TERMINAL ALLOWANCE
					SUBSISTENCE TOTALS	140					

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

TOTAL TRAVEL ALLOWANCE **140.00**

