Trips: Trips - 66

HS L 179:65

Dag Hammarskjölds saml.

Trip to Geneva/Sweden/Geneva 1954

Oct. 25

Voucher for reimbursement of travel

UN/F/10/Rev.8
8 March 1954

UNITED NATIONS NATIONS UNIES

VOUCHER FOR REIMBURSEMENT OF TRAVEL AND/OR OTHER EXPENSES

TO BE COMPLETED BY FINANCE	CHEQUE NO.	EXAMINER	CURRENCY	VOUCHER NO.
AMOUNT:				11620 OCT 25 54
	BANK ACCT.	APPROVING OFFICER	COUNTRY	DATE

TO BE COMPLETED BY CLAIMANT

NAME: Dag Hammarskjold

DEPARTMENT: Executive Office of the Secretary-General

DISPOSITION OF CHEQUE: Will pick up at cashier's office ☐

MAIL TO:

DIVISION:

TRAVEL AUTH.(TT/8) OR M.O.D. No. ~~54-1411~~ 54-1411A
(To be attached)

EXPENSES AND SUBSISTENCE ALLOWANCES CLAIMED

DATE	No. OF ATTACHMENT	DESCRIPTION *(Attach receipted bills and other documentation)*	AMOUNT *(Local Currency)*	EXCHANGE RATE	AMOUNT *(US$)*	AMOUNT APPROVED
		TELEGRAMS, LONG-DISTANCE TELEPHONE, MISCELLANEOUS EXPENSES				*This column for Bureau of Finance use only*
		EXCESS BAGGAGE *(as approved)*, **TICKETS** *(purchased by claimant)*				
		ALLOWANCE FOR TRAVEL BY AUTOMOBILE *(miles x rate)*				
		TOTAL TRAVEL ALLOWANCE *(as per reverse side)*			~~490.00~~	
				TOTAL	$ ~~490.00~~	$490.00
				LESS ADVANCES		
				NET PAYMENT		$490.00

I certify that I am entitled, under existing regulations, to the allowances claimed and that all other expenses claimed represent actual disbursements made by me.

DATE _____ SIGNATURE _____
(Claimant)

DATE _____ SIGNATURE _____
(Authorized Certifying Officer)

FOR FINANCE ONLY

GENERAL A/C	AMOUNT *(US $)* DR. OR CR.*	ALLOTMENT A/C	LIQUIDATION AMT.	OBLIGATION DOC.	DESCRIPTION / IOV
TOTAL DEBITS	TOTAL CREDITS	TOTAL LIQUIDATIONS			

*Indicate by brackets

(over)

TO BE COMPLETED BY TRAVELLER

CATEGORY OF CLAIMANT ____________

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	SICK OR ANNUAL LEAVE: SUBS. PAYABLE	SUBS. NOT PAYABLE	DURING WHICH SPECIAL RATES OF SUBSISTENCE APPLY: DURATION	DUTY STATION
NY		3	7	4	1800									
DEP. Geneva		4	7	4	1640	2								
ARR. Geneva 5-15, VII								11						
STOPOVER: Geneva		16	7	4										
DEP. Malmo														
ARR. Malmo 17-18 VII												3		
STOPOVER: Malmo		19	7	4		1								
DEP. NY		20	7	4										
ARR.														
STOPOVER:														
DEP.														
ARR.														
STOPOVER:														
DEP.														
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STOPOVER:														
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STOPOVER:														
DEP.														
ARR.														
STOPOVER:														
DEP.														
ARR.														
STOPOVER:						3		11						

REMARKS: *(List here unused tickets, other explanations)*

	ABOARD PLANES, TRAINS	IN NON-SPECIFIED AREAS	IN SPECIFIED AREAS	IN NON-SPECIFIED AREAS	IN SPECIFIED AREAS	SUBS. PAYABLE	SUBS. NOT PAYABLE	DURATION
TOTAL NUMBER OF DAYS	35		35					
RATE PER DAY APPLICABLE								
SUBSISTENCE TOTALS	490							
TOTAL SUBSISTENCE	–							
TRANSIT ALLOWANCE	–							
TERMINAL ALLOWANCE	490							
TOTAL TRAVEL ALLOWANCE								

NOTE: **SUBMIT A SEPARATE "VOUCHER FOR REIMBURSEMENT OF TRAVEL AND/OR OTHER EXPENSES" IF ELIGIBLE DEPENDENTS ACCOMPANYING YOU HAVE ITINERARIES WHICH DIFFER FROM YOURS.**

* HOUR am/pm should indicate time of departure from or arrival at airports, piers or railroad stations.

**If the subsistence allowance has been received for more than 60 days, indicate whether or not you have eligible dependents residing with you at your official duty station. Yes [] No []