

VOUCHER FOR REIMBURSEMENT OF EXPENSES

<i>To be completed by Finance:</i>		Cheque No.	Examiner:	Currency:	Voucher No.:
<i>Amount:</i>		Bank No.	Approving Officer:	Country:	Date:
<i>To be completed by the Claimant (Please type or print)</i>					
Payee:			Index no.:	Category:	
Reimbursement	<input type="checkbox"/> Reimbursement through Payroll			Duty Station:	
	<input type="checkbox"/> Direct deposit to Bank Account:			Bank name & account no:	
	and Payee Advice to be mailed to:			Mail address or room no:	
	<input type="checkbox"/> Cheque to pick up from Cashier's office:			Your e-mail and phone no:	
	<input type="checkbox"/> Cheque to be mailed to:			Mail address:	
			Dept./Div./Office:		
			Travel Req./PT 8/Aut. no.:		
			Account/BAC no.:		

DATE (d/m./y)	At- tach- ment No.	DESCRIPTION OF EXPENSES <i>Tickets purchased, Terminal Expenses, Telegrammes, Taxis, Authorized excess baggage, unaccompanied shipments etc.</i>	LOCAL CURRENCY	EXCHANGE RATE	U.S.\$ EQUIVALENT	<i>For official use only</i> APPROVED AMOUNT
TOTAL TRAVEL ALLOWANCE <i>(See next page)</i>						

I claim the subsistence and terminal expenses in connection with the journey (as indicated on the reverse side hereof), which I certify to have been made as authorized. I certify that all amounts claimed either represent actual disbursements made by me or, if standard rates were applied, agree with my entitlements. I further certify that dependants indicated, actually travelled as shown.

Signature of Claimant: _____ Date: (d/m/y) _____

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 FINAL CLAIM FOR EXCEPTIONS, SEE next page

Name and Signature of Admin./Certifying Officer: _____ Date: (d/m/y) _____

TOTAL	
LESS ADVANCES	
BALANCE DUE TO UN IF ANY	
NET PAYMENT	

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 brackets

Submit original claim to UNHQ/OPPBA

(Continued on next page)

TO BE COMPLETED BY CLAIMANT

PLEASE TYPE or PRINT: Extra sheets should be attached with full explanation of lengthy or involved travel. Submit a separate Form F.10 if eligible dependants have itineraries that differ from yours. Subsistence may be subject to a reduction after 60 days under Staff Rules.

ANNUAL LEAVE TO BE CHARGED:

DAYS

Remarks: List names and ages of dependants

Do you have eligible dependants residing with you at your official duty station?

Yes No

For Official use only

CITY AND COUNTRY OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE	HOUR*	Indicate whether UN or GOVT. vehicle was made available at DEP and/or ARR Yes or No	Indicate number of days that Accommodation or Meals were provided		COMMENTS OF ADM./CERTIFYING OFFICER REGARDING STOP-OVERS, DELAYS, ETC.
	<i>Air, Ferry, Rail, Official/Personal/Hired Car, Bus, Taxi</i>	DAY/MONTH/YEAR					
DEP.:					Accommodation Meals		
ARR.:					Accommodation Meals		
	Official <input type="checkbox"/>	Personal <input type="checkbox"/>					
DEP.:					Accommodation Meals		
ARR.:					Accommodation Meals		
	Official <input type="checkbox"/>	Personal <input type="checkbox"/>					
DEP.:					Accommodation Meals		
ARR.:					Accommodation Meals		
	Official <input type="checkbox"/>	Personal <input type="checkbox"/>					
DEP.:					Accommodation Meals		
ARR.:					Accommodation Meals		
	Official <input type="checkbox"/>	Personal <input type="checkbox"/>					
DEP.:					Accommodation Meals		
ARR.:					Accommodation Meals		
	Official <input type="checkbox"/>	Personal <input type="checkbox"/>					
DEP.:					Accommodation Meals		
ARR.:					Accommodation Meals		
	Official <input type="checkbox"/>	Personal <input type="checkbox"/>					

**HOUR should indicate time of departure from or arrival at airports, piers or railroad stations. Any deviation from itinerary and standards of accommodation authorized, and any stopover not authorized thereby must be supported by full explanation; otherwise your claim may be reduced.*

NOTICE TO TRAVELLER: All receipts for transportation and excess baggage, used air transportation stubs and any unused transportation tickets and excess baggage coupons (MCO's) must be returned to the United Nations together with the original Travel Authorization and attached to the claim.

REMARKS: (List here attached unused tickets by stating ticket Number and the route covered by the ticket.)

Total Travel Allowance in U.S. \$

For Official use only:

Value of MCO's received: U.S.\$

Value of MCO's used: U.S.\$

BALANCE OF MCO's to be returned to the U.N.: U.S.\$

Initial:

Date:

The balance of the MCO's is represented by the following coupon numbers: