

C*O*D*E*S*A

[1]

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

Postal Code

Telephone number Fax number

MEETING OF DAILY MANAGEMENT COMMITTEE : 6 FEBRUARY 1992 PARTY*/ORGANISATION*/ADMINISTRATION* <small>*Delete where not applicable</small>
--

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>) <small>(Telephone and bar charges excluded)</small>	AMOUNT CLAIMED

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<small>(Details of Journey)</small>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct	Date	Approved	Date
-------------------	------	----------	------

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF WORKING GROUPS: 6 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

DEPARTURE FROM RESIDENCE

ARRIVAL AT RESIDENCE

DATE

TIME

DATE

TIME

EXPENSES

ACCOMMODATION Nature of expenses (*Slips must be attached*)

AMOUNT CLAIMED

(Telephone and bar charges excluded)

COST OF AIR TRAVEL (*Please attach flight ticket*)

Journey from

Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO.....

(Details of Journey)

Journey From

Journey To

Kilometers
travelled

Engine
capa-
city
of
vehicle

FOR OFFICE USE ONLY

Tariff

Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF STEERING COMMITTEE: WORKING GROUP 2 : 7 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
(Details of Journey)				<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

.....
 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF MANAGEMENT COMMITTEE: 10 FEBRUARY 1992 PARTY*/ORGANISATION*/ADMINISTRATION* <small>*Delete where not applicable</small>
--

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED
--	-----------------------

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO

<i>(Details of Journey)</i>				FOR OFFICE USE ONLY	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

.....
SIGNATURE OF CLAIMANT
DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF SUBGROUP 3 OF WORKING GROUP 1: 10 FEBRUARY 1992 PARTY*/ORGANISATION*/ADMINISTRATION* <small>*Delete where not applicable</small>

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
(Details of Journey)				FOR OFFICE USE ONLY	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF STEERING COMMITTEE WORKING GROUP 2: 10 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR REGISTRATION NO</u>					
<small>(Details of Journey)</small>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF WORKING GROUP 4: 10 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (*Please attach flight ticket*)

Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO

(Details of Journey)

Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF STEERING COMMITTEE: WORKING GROUP 5 : 10 FEBRUARY 1992 PARTY*/ORGANISATION*/ADMINISTRATION* <small>*Delete where not applicable</small>
--

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses <i>(Slips must be attached)</i>	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> <i>(Please attach flight ticket)</i>	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
(Details of Journey)					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF SECURITY SUB-COMMITTEE: 11 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses <i>(Slips must be attached)</i>	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> <i>(Please attach flight ticket)</i>	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO.					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF SUB GROUP 1 OF WORKING GROUP 1: 11 FEBRUARY 1992 PARTY*/ORGANISATION*/ADMINISTRATION*
<small>*Delete where not applicable</small>

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i> <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

COST OF AIR TRAVEL <i>(Please attach flight ticket)</i>	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
(Details of Journey)				FOR OFFICE USE ONLY	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF SUB GROUP 2 OF WORKING GROUP 1: 11 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

**Delete where not applicable*

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (*Slips must be attached*)
AMOUNT CLAIMED

(Telephone and bar charges excluded)

COST OF AIR TRAVEL (*Please attach flight ticket*)

Journey from Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO

(Details of Journey)

Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

.....Postal Code

Telephone number Fax number

MEETING OF WORKING GROUP 2: 11 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (*Slips must be attached*)
AMOUNT CLAIMED

(Telephone and bar charges excluded)

COST OF AIR TRAVEL (*Please attach flight ticket*)

Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO

(Details of Journey)

Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

.....

..... Postal Code

Telephone number Fax number

MEETING OF WORKING GROUP 3: 11 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (*Slips must be attached*)
AMOUNT CLAIMED

(*Telephone and bar charges excluded*)

COST OF AIR TRAVEL (*Please attach flight ticket*)

Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO

(Details of Journey)

Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

**MEETING OF STEERING COMMITTEE OF WORKING GROUP 3: 11 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION***

*Delete where not applicable

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (*Slips must be attached*)
AMOUNT CLAIMED

(Telephone and bar charges excluded)

COST OF AIR TRAVEL (*Please attach flight ticket*)

Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO

(Details of Journey)

Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

.....

..... Postal Code

Telephone number Fax number

**MEETING OF STEERING COMMITTEE OF WORKING GROUP 4: 11 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION***

*Delete where not applicable

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBCOMITTEE OF MANAGEMENT COMMITTEE: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF DAILY MANAGEMENT COMMITTEE: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 1 OF WORKING GROUP 1: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT _____ DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF SUBGROUP 3 OF WORKING GROUP 1: 17 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF WORKING GROUP 2: 17 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF STEERING COMMITTEE OF WORKING GROUP 3: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

*PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211*

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF WORKING GROUP 3: 17 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
(Details of Journey)					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

 SIGNATURE OF CLAIMANT _____ DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF WORKING GROUP 4: 17 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR REGISTRATION NO</u>						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 1 OF WORKING GROUP 4: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 2 OF WORKING GROUP 4: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 3 OF WORKING GROUP 4: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 4 OF WORKING GROUP 4: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF STEERING COMMITTEE OF WORKING GROUP 5: 17 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF WORKING GROUP 5: 17 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT -----
DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

*PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211*

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEETING OF SECURITY SUBCOMMITTEE: 18 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i>	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL <i>(Please attach flight ticket)</i>	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

.....

..... Postal Code

Telephone number Fax number

MEETING OF SUBGROUP 2 OF WORKING GROUP 1: 18 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<small>(Details of Journey)</small>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

Postal Code

Telephone number Fax number

MEETING OF STEERING COMMITTEE OF WORKING GROUP 1: 18 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses <i>(Slips must be attached)</i>	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> <i>(Please attach flight ticket)</i>	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR REGISTRATION NO</u>					
(Details of Journey)				<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

*PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211*

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF MANAGEMENT COMMITTEE: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF DAILY MANAGEMENT COMMITTEE: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) (Telephone and bar charges excluded)	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT _____ DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUB GROUP 2 OF WORKING GROUP 1: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT _____ DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 1 OF WORKING GROUP 5: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT _____ DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 2 OF WORKING GROUP 5: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) (Telephone and bar charges excluded)	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT _____ DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF WORKING GROUP 5: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
<small>*Delete where not applicable</small>

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
<small>(Details of Journey)</small>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF WORKING GROUP 4: 24 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
(Details of Journey)				<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF COMMITTEE ON DECLARATION OF INTENT: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
(Details of Journey)				<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 1 OF WORKING GROUP 1: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
(Details of Journey)				<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF WORKING GROUP 3: 24 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
<small>*Delete where not applicable</small>

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO					
<small>(Details of Journey)</small>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 1 OF WORKING GROUP 4: 24 & 25 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 2 OF WORKING GROUP 4: 24 & 25 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 3 OF WORKING GROUP 4: 24 & 25 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF WORKING GROUP 2: 24 & 25 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) <i>(Telephone and bar charges excluded)</i>	AMOUNT CLAIMED

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT _____ DATE _____

FOR OFFICE USE ONLY

Certified correct _____ Date _____ Approved _____ Date _____

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant -----
 Address -----

 ----- Postal Code -----
 Telephone number ----- Fax number -----

MEETING OF COMMITTEE ON ZULU KING AND TRADITIONAL LEADERS: 25 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR REGISTRATION NO</u>					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	<u>FOR OFFICE USE ONLY</u>	
				Tariff	Amount

 SIGNATURE OF CLAIMANT

 DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SECURITY SUBCOMMITTEE: 25 FEBRUARY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

*Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

ACCOMMODATION Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

COST OF AIR TRAVEL (<i>Please attach flight ticket</i>)	
Journey from	Journey to

COST OF TRAVELLING BY CAR REGISTRATION NO					
<i>(Details of Journey)</i>					
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	FOR OFFICE USE ONLY	
				Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date

C*O*D*E*S*A

Convention for a Democratic South Africa

*PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211*

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant _____
 Address _____

 _____ Postal Code _____
 Telephone number _____ Fax number _____

MEETING OF SUBGROUP 3 OF WORKING GROUP 1: 25 FEBRUARY 1992
PARTY*/ORGANISATION*/ADMINISTRATION*
 *Delete where not applicable

<i>DEPARTURE FROM RESIDENCE</i>		<i>ARRIVAL AT RESIDENCE</i>	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>)	AMOUNT CLAIMED
<i>(Telephone and bar charges excluded)</i>	

<u>COST OF AIR TRAVEL</u> (<i>Please attach flight ticket</i>)	
Journey from	Journey to

<u>COST OF TRAVELLING BY CAR</u> REGISTRATION NO						
(Details of Journey)					<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount	

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date