

# 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 .....

<b>MEETING OF TECHNICAL COMMITTEE WORKING GROUP 3: 2 MAY 1992</b>	
PARTY*/ORGANISATION*/ADMINISTRATION* .....	
*Delete where not applicable	

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

### EXPENSES

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

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

<b>COST OF TRAVELLING BY CAR</b> <i>(Details of Journey)</i>						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<u>OFFICE ONLY</u> Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

-----  
SIGNATURE OF CLAIMANT

-----  
DATE

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**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 .....

<b>MEETING OF MANAGEMENT COMMITTEE: 4 MAY 1992</b>	
PARTY*/ORGANISATION*/ADMINISTRATION* .....	
*Delete where not applicable	

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

### EXPENSES

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

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

<b>COST OF TRAVELLING BY CAR</b> <i>(Details of Journey)</i>							
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<b>OFFICE ONLY</b>	
						Tariff	Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

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SIGNATURE OF CLAIMANT

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DATE

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**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: 4 MAY 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, bar charges, room service and extras 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> <i>(Details of Journey)</i>						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<u>OFFICE ONLY</u> Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

-----  
SIGNATURE OF CLAIMANT ..... DATE

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**FOR OFFICE USE ONLY**

Certified correct ..... Date ..... Approved ..... Date .....

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# 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 .....

<b>MEETING OF MEDIA COMMITTEE: 4 MAY 1992</b>	
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, bar charges, room service and extras 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> <i>(Details of Journey)</i>							
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<u>OFFICE ONLY</u>	
						Tariff	Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

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SIGNATURE OF CLAIMANT

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DATE

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**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 .....

<b>MEETING OF WORKING GROUP 2: 4 &amp; 5 MAY 1992</b>			
PARTY*/ORGANISATION*/ADMINISTRATION* .....			
*Delete where not applicable			

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

### EXPENSES

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

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

COST OF TRAVELLING BY CAR <i>(Details of Journey)</i>						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

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SIGNATURE OF CLAIMANT ..... DATE .....

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**FOR OFFICE USE ONLY**

Certified correct	Date	Approved	Date
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# 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 .....

<b>MEETING OF DAILY MANAGEMENT COMMITTEE: 4 &amp; 5 MAY 1992</b>	
PARTY*/ORGANISATION*/ADMINISTRATION* .....	
*Delete where not applicable	

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

### EXPENSES

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

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

COST OF TRAVELLING BY CAR ( <i>Details of Journey</i> )						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

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SIGNATURE OF CLAIMANT ..... DATE .....

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**FOR OFFICE USE ONLY**

Certified correct	Date	Approved	Date
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# 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 .....

<b>MEETING OF WORKING GROUP 4: 4 &amp; 5 MAY 1992</b>	
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, bar charges, room service and extras 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> <i>(Details of Journey)</i>						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<u>OFFICE ONLY</u> Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

-----  
SIGNATURE OF CLAIMANT DATE

-----  
**FOR OFFICE USE ONLY**

Certified correct	Date	Approved
Date	Approved	Date

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# 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 .....

<b>MEETING OF WORKING GROUP 3: 4, 5 &amp; 6 MAY 1992</b>
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, bar charges, room service and extras 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> ( <i>Details of Journey</i> )							
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<u>OFFICE ONLY</u>	
						Tariff	Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

-----  
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 .....

<b>MEETING OF GENDER ADVISORY COMMITTEE: 4, 5 &amp; 6 MAY 1992</b>	
PARTY*/ORGANISATION*/ADMINISTRATION* .....	
*Delete where not applicable	

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

### EXPENSES

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

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

<b>COST OF TRAVELLING BY CAR</b> <i>(Details of Journey)</i>							
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<b>OFFICE ONLY</b>	
						Tariff	Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

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SIGNATURE OF CLAIMANT -----  
DATE

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**FOR OFFICE USE ONLY**

Certified correct	Date	Approved	Date
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# 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 .....

<b>MEETING OF WORKING GROUP 1: 4 MAY AND STEERING COMMITTEE ON 5 MAY 1992</b> <b>PARTY*/ORGANISATION*/ADMINISTRATION* .....</b> <small>*Delete where not applicable</small>	
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DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

### EXPENSES

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

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

COST OF TRAVELLING BY CAR <i>(Details of Journey)</i>						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

-----  
 SIGNATURE OF CLAIMANT ..... DATE .....

**FOR OFFICE USE ONLY**

Certified correct	Date	Approved	Date
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# 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 .....

<b>MEETING OF THE MANAGEMENT COMMITTEE:A 7 MAY 1992</b>
PARTY */ORGANISATION */ADMINISTRATION* .....
<small>*Delete where not applicable</small>

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

#### EXPENSES

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

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

<b>COST OF TRAVELLING BY CAR</b> <i>(Details of Journey)</i>							
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<u>OFFICE ONLY</u>	
						Tariff	Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

.....  
SIGNATURE OF CLAIMANT

.....  
DATE

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**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: 8 MAY 1992**  
**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**  
 \*Delete where not applicable

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

### EXPENSES

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

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

COST OF TRAVELLING BY CAR <i>(Details of Journey)</i>						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

-----  
 SIGNATURE OF CLAIMANT ..... DATE

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**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 \_\_\_\_\_

### **CODESA II : 15 AND 16 MAY 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**

**ACTING AS: DELEGATE\*/ADVISER\*/RUNNER\*/PROTOCOL LIAISON OFFICER**

*\*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, bar charges, room service and extras excluded)*

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

Journey from

Journey to

**COST OF TRAVELLING BY CAR** *(Details of Journey)*

From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<b>OFFICE ONLY</b>	
						Tariff	Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

\_\_\_\_\_  
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 .....

<b>MEETING OF THE MANAGEMENT COMMITTEE: 25 MAY 1992</b> <b>PARTY*/ORGANISATION*/ADMINISTRATION* .....</b> <small>*Delete where not applicable</small>
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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, bar charges, room service and extras 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> <i>(Details of Journey)</i>						
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	<u>OFFICE ONLY</u>
						Tariff Amount

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

.....  
**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 GENDER ADVISORY COMMITTEE: 25+26 May 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, bar charges, room service and extras 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> <i>(Details of Journey)</i>						
From	To	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	<u>OFFICE USE ONLY</u>	
					Tariff	Amount

.....  
SIGNATURE OF CLAIMANT DATE

**FOR OFFICE USE ONLY**

Certified correct Date Approved Date