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

[1]

Fax number

a second s	ETING OF TECHNI RGANISATION*/A t applicable				UP 3: 2 M	IAY 1992		
DEPARTURE F	ROM RESIDENCE	ARRIVAL	AT RESIDE	NCE				
DATE	TIME	DATE		TIME				
		E	XPENSES					
(Telephone, ba	DATION Nature o	ice and extras e	excluded)		II F CLAIMED			
Journey from	IR TRAVEL (Pleas	e attach fligh ourney to	t ticket)					
COST OF T	RAVELLING BY CA	<u>AR</u> (Details o	f Journey)					
From	То	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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Date

Approved

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

Postal Code _____

Telephone number _____

.....

Fax number

PARTY*/ORG *Delete where not a	GANISATION*	OF MANAGEM /ADMINISTRAT			MAY 1992	2			
DEPARTURE FROM RESIDENCE		ARRIVAL	ARRIVAL AT RESIDENCE						
DATE	TIME	DATE		TIME					
		E	XPENSES						
		e of expenses (S service and extras e			I) F CLAIMED				
COST OF AIF	<u>TRAVEL</u> (Pla	ase attach fligh Journey to	t ticket)						
COST OF TR	AVELLING BY	CAR (Details of	f Journey)						
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled		E ONLY Amount		

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Name of Claimant	
Address	

Telephone number _____

Postal Code _____ Fax number

PARTY*/OF *Delete where no	RGANISATION*/AD	OF WORKI MINISTRAT					
DEPARTURE	ROM RESIDENCE	ARRIVAL	AT RESIDE	NCE			
DATE	TIME	DATE		TIME			
		E	XPENSES				
	DATION Nature of ar charges, room service				I) F CLAIMED		
COST OF A Journey from	<u>IR TRAVEL</u> (Please Jo	attach fligh urney to	t ticket)				
COST OF T	RAVELLING BY CA	<u>R</u> (Details o	f Journey)				
		Make of	Engine	Vehicle	Kilometers	OFFICE ONLY	

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Address

Postal Code _____

Telephone number _____

Fax number

PARTY*/OF *Delete where no	RGANISATION*//	NG OF MEDIA Administrat					
DEPARTURE	FROM RESIDENCE	ARRIVAL	AT RESIDE	NCE			
DATE	TIME	DATE		TIME			
		E	XPENSES				1
	DATION Nature ar charges, room se			be attached AMOUNT	// F CLAIMED		
COST OF A Journey from	<u>IR TRAVEL</u> (Plea	s e attach fligh Journey to	t ticket)				
COST OF T	RAVELLING BY (CAR (Details o	f Journey)				
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	1000	Amount

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Clai Address	mant						
Telephone nu			Po	stal Code x number _			
PARTY*/OF *Delete where no	RGANISATION*	IG OF WORKING /ADMINISTRAT					
DEPARTURE	ROM RESIDENCE	ARRIVAL	AT RESIDE	NCE			
DATE	TIME	DATE		TIME			
	DATION Nature ar charges, room s	of expenses (S			I) F CLAIMED		
COST OF A Journey from	<i>ase attach fligh</i> Journey to	t ticket)					
COST OF T	RAVELLING BY	CAR (Details of	f Journey)				
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled		CE ONLY Amount

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SIGNATURE OF CLAIMANT

DATE

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Date

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

Postal Code

Telephone number

Postal Code _____

Fax number

	MEETING OF DAI RGANISATION*/A ot applicable							
DEPARTURE	FROM RESIDENCE	ARRIVAL	AT RESIDE	ENCE				
DATE	TIME	DATE		TIME				
		E	XPENSES					
	DATION Nature o ar charges, room serv				// F CLAIMED			
COST OF A Journey from	<u>IR TRAVEL</u> (Pleas	e attach fligh ourney to	t ticket)					
COST OF T	RAVELLING BY C	AB (Datails o	f lournovi					
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	0000	CE ONLY Amount	

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Name of Claimant

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Telephone number

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PARTY */OR(*Delete where not	GANISATION*/	G OF WORKING ADMINISTRATI					
DEPARTURE F	ROM RESIDENCE	ARRIVAL	AT RESIDE	VCE			
DATE	TIME	DATE		TIME			
		E	XPENSES				
	DATION Nature			be attached AMOUNT	I) CLAIMED		
COST OF All	R TRAVEL (Plea	ise attach fligh Journey to	t ticket)				
COST OF TR	AVELLING BY	CAR (Details of	f Journey)				
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE (Tariff An	

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Cla	imant					
Address						
Telephone n	umber		Fa	x number _		
PARTY*/OF *Delete where no	RGANISATION*/A	OF WORKING ADMINISTRAT				
DEPARTURE	FROM RESIDENCE	ARRIVAL	AT RESIDE	VCE		
DATE	TIME	DATE		TIME		
		E	XPENSES			
	DATION Nature of a charges, room ser				// F CLAIMED	
COST OF A Journey from	<u>IR TRAVEL</u> (Plea:	<i>se attach fligh</i> Journey to	t ticket)			
COST OF T	RAVELLING BY C	<u>AR</u> (Details of	f Journey)			
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount

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Name of Claimant

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Fax number

	MEETING OF GEI RGANISATION*/A t applicable					1992	2	
DEPARTURE F	ROM RESIDENCE	ARRIVAL	AT RESIDE	ENCE				
DATE	TIME	DATE		TIME				
-		E	XPENSES					
2	DATION Nature				I) F CLAIMED			
COST OF A Journey from	IR TRAVEL (Plea	se attach fligh Journey to	t ticket)					
COST OF T	RAVELLING BY (CAR (Details o	f Journey)					
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled		CE ONLY Amount	

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Name of Claimant

Address _____

Postal Code

Telephone number _____

Fax number

Delete where not	applicable		ION*				
DEPARTURE FROM RESIDENCE		ARRIVAL	AT RESIDE	VCE			
DATE	TIME	DATE		TIME			
		E	XPENSES		191		
	DATION Nature of r charges, room service			be attached AMOUNT	CLAIMED		
COST OF AI	<u>R TRAVEL</u> (Please Jo	attach fligh	t ticket)				
	See.						
COST OF T	AVELLING BY CA	<u>R</u> (Details o	f Journey)				
<u>COST OF II</u>		Make of	Engine	Vehicle	Kilometers travelled	OFFICE ONLY	

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Clair	nant						
Address							
				stal Code _			
elephone nu	mber		Fa	x number			
PARTY */OR *Delete where not	MEETING OF T GANISATION*/A applicable						
DEPARTURE F	ROM RESIDENCE	ARRIVAL	AT RESIDE	NCE			
DATE	TIME	DATE		TIME			
			XPENSES				
	DATION Nature o r charges, room serv			be attached AMOUN	II F CLAIMED		
COST OF AI Journey from	<u>R TRAVEL</u> (Pleas	e attach fligh ourney to	nt ticket)				
COST OF TR	AVELLING BY C	AR (Details o	f Journey)				
From	То	Make of vehicle	Engine capacity	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount	

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	TING OF STEERI RGANISATION */A ot applicable					MAY 1992	
DEPARTURE	FROM RESIDENCE	ARRIVA	L AT RESIDE	NCE			
DATE	TIME	DATE	DATE		TIME		
		E	XPENSES				
	DATION Nature of an charges, room ser			be attached AMOUN	II T CLAIMED	,	
COST OF A Journey from	IR TRAVEL (Plea:	se attach fligh Iourney to	nt ticket)				
COST OF T	RAVELLING BY C	<u>AR</u> (Details o	f Journey)				
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount	

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CLAIM FOR TRANSPORT AND SUBSISTENCE

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Address

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Postal Code _____

Fax number _____

CODESA II : 15 AND 16 MAY 1992

PARTY*/ORGANISATION*/ADMINISTRATION*

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

*Delete where not applicable

DEPARIURE	FROM RESIDENCE	ARRIVAI	AT RESIDE	NCE			
DATE	TIME	DATE	2001/000	TIME			
		E	XPENSES				
	<u>ODATION</u> Nature ar charges, room servi			<i>ittached)</i> AMOUN	Г CLAIMEI)	
COST OF A Journey from	<u>AIR TRAVEL</u> (Pla	ease attach flight Journey to	ticket)				
COST OF 1	TRAVELLING BY	<u>Y CAR</u> (Details of	of Journey)				
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	55 100000000000000000000000000000000000	CE ONLY Amount

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SIGNA	ATURE	OF	CLA	AIM	ANT

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Postal Code _____

Telephone number _____

Address

Fax number

PARTY*/OF *Delete where no	MEETING OF TH RGANISATION */AI ot applicable	HE MANAGE	MENT CON 10N*	MMITTEE:A	25 MAY 19	992
DEPARTURE	FROM RESIDENCE	ARRIVAL	AT RESIDE	NCE		
DATE	TIME	DATE		TIME		
	1.4.7		1			
		E	XPENSES			
	DATION Nature of ar charges, room serve			AMOUNT	CLAIMED	· · · · · · · · · · · · · · · · · · ·
COST OF A Journey from	NR TRAVEL (Please	e attach fligh ourney to	nt ticket)			
COST OF T	RAVELLING BY CA	AR (Details o	f Journey)			
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount

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C*O*D*E*S*A Convention for a Democratic South Africa

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of	Claimant	
Address		

Postal Code _____

Telephone number _____

Fax number _____

MEETING OF GENDER ADVISORY	COMMITTEE: 25+261 by 1992
PARTY */ORGANISATION */ADMINISTRATION*	
*Delete where not applicable	

DEPARTURE FROM RESIDENCE		ARRIVAL AT R	ARRIVAL AT RESIDENCE					
DATE	TIME	DATE	TI	ИĔ				
		EXPEN	ISES					
		of expenses (Slips) vice and extras exclude		<i>tached)</i> MOUNT CLAIN	1ED			
COST OF AI Journey from		se attach flight tick Journey to	iet)					
COST OF TH	AVELLING BY C	AR (Details of Jou	rney)					
From	То	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE U Tariff	Amount		

SIGNATURE OF CLAIMANT	DATE
FOR OFFICE USE ONLY	
Certified correct Date	Approved Date