

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	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