

[2]

CODESA

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*/TASK GROUP 1*/2*/3*/SECRETARIAT
 DATE:
 *Delete were 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> (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