CODESA

Convention for a Democratic South Africa

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

	CLAI	M FOR	TRANSPO	RT AND S	UBSISTEN	CE
ame of Claima						
Address Postal Code						
elephone num	ber			Fax numb	er	
PARTY*/OR *Delete where not ap	GANISATION)F MAN J*/GOVE	AGEMENT C RNMENT*	OMMITTE	E : 13 JANU	ARY 1992
DEPARTURE F	ROM RESIDEN	CE	ARRIVAL AT	RESIDENCE		
DATE	TIME			TI	ME)
			EXPE	INSES		
	DATION Nati		enses (Slips m	ust be attach	ed) Mount CLA	IMED
	bar charges exclu IR TRAVEL (tach flight tick bey to	cet)		
		BY CAR	(Details of Jo	ourney)		
COST OF T	RAVELLING	T	I Wilconstant	Engine		ICH. UNH. ONLY
COST OF T Journey From	RAVELLING Journey	у То	Kilometers travelled	Engine capa- city of vehicle	Tariff	ICE USE ONLY Amount

SIGNATURE OF CLAIMANT

FOR OFFICE USE ONLY

Certified correct

Date

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Approved

Date

DATE

dpcod16

CODESA

Convention for a Democratic South Africa

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

	CLAIM FC	R TRANSPO	RT AND	SUBSIST	ENCE			
Name of Claiman Address								
Postal CodePostal Code								
PARTY*/ORG *Delete where not appl	GANISATION*/GO	OF WORKING G OVERNMENT*			7 1992			
DEPARTURE FR	OM RESIDENCE	ARRIVAL AT	RESIDENCE					
DATE	TIME	DATE	DATE TIME					
		EXPE	ENSES					
	ATION Nature of ar charges excluded)	expenses (Slips m	ust be attach A	ed) MOUNT CL	AIMED			
COST OF AIR Journey from	<u>R TRAVEL</u> (Pleas	e attach flight tick burney to	ret)					
COST OF TRA Journey From	AVELLING BY C Journey To	CAR (Details of Jo Kilometers travelled	urney) Engine capa- city of vehicle	FOR OFF Tariff	TICE USE ONLY Amount			

SIGNATURE OF CL	AIMANT		DATE		
FOR OFFICE USE					
Certified correct	Date	Approved	Date		
dpcod36					

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

Postal Code

Telephone number _____ Fax number

MEETING PARTY*/ORGAN *Delete where not applic	NISATION*/A				7 JANUARY 1992		
DEPARTURE FROM	RESIDENCE	ARRIVAL A	T RESIDENCE				
DATE	TIME	DATE	DATE TIME				
		EXI	PENSES				
ACCOMMODAT	ION Nature	of expenses (Sli j	ps must be a	MOUNT CLA	AIMED		
(Telephone and bar	charges exclu	ded)					
COST OF AIR T Journey from	RAVEL (Plea	ase attach flight Journey to	ticket)				
		CAR (Details of	Journey)		CE USE ONLY		
Journey From		o Kilometers travelled	Engine capa- city of vehicle	Tariff	Amount		

SIGNATURE OF CLAIMANT

DATE

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Approved

Date

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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

Jame of Claimant

.....Postal Code

elephone number _____ Fax number

	ANISATION*/ADI				7 JANUARY 1992
DEPARTURE FR	OM RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	1	IME	
		EXPE	INSES		
	ATION Nature of e		s must be a	<i>ttached)</i> MOUNT CLA	AIMED
COST OF AIR Journey from	TRAVEL (Please a Jou	attach flight tid Irney to	cket)		
COST OF TRA Journey From	VELLING BY CAR Journey To	(Details of Jo Kilometers travelled	Urney) Engine capa- city of vehicle	FOR OFFIC	CE USE ONLY Amount

CNATURE OF OLADAANT	
GNATURE OF CLAIMANT	DATE

<u>DR OFFICE USE ONLY</u>

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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

	ANISATION*/AD				JANUARY 1992	
DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE						
DATE	TIME	DATE	TIME			
		EXPE	NSES			
	ATION Nature of Dar charges exclude		must be an Al	<i>ttached)</i> MOUNT CLA	IMED	
COST OF AIR Journey from	TRAVEL (Please Jo	attach flight tid burney to	:ket)			
COST OF TRA	VELLING BY CA	R (Details of Jo	urney)			
Journey From	Journey To	Kilometers travelled	Engine capa- city of vehicle	FOR OFFIC Tariff	Amount	
1. The second second						

SIGNATURE OF CLAIMANT

DATE

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Date

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Date

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C		O*D for a Der		S "A ic South Africa
PO Bo	x 307 ISANDO 1600 Sou	uth Africa ** Tel	ephone (011) 3	397-1198/99 Fax (011) 397-2211
	CLAIM FOR	TRANSPO	RT AND	SUBSISTENCE
Name of Claim Address	ant			
Felephone num			Postal Co	ode
PARTY */ORG *Delete where not a	ANISATION*/ADM			30 JANUARY 1992
DEPARTURE FRO	OM RESIDENCE	ARRIVAL AT	RESIDENCE	
DATE	TIME	DATE TIME		IME
		EXPE	NSES	
	ATION Nature of ex par charges excluded)	kpenses (<i>Slips</i>		<i>httached)</i> MOUNT CLAIMED
COST OF AIR Journey from	TRAVEL (Please a Jour	<i>ttach flight tid</i> mey to	cket)	
COST OF TRA Journey From	VELLING BY CAR Journey To	(Details of Jo Kilometers travelled	urney) Engine capa- city of	FOR OFFICE USE ONLY Tariff Amount

DR OFFICE USE ONLY

GNATURE OF CLAIMANT

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vehicle

DATE

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CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant

Address

Postal Code

elephone number _____ Fax number

	DF STEERING CO IISATION*/ADMI cable				
DEPARTURE FROM	RESIDENCE	ARRIVAL AT R	ESIDENCE		
DATE	TIME	DATE	TIME		
		EXPEN	ISES		
ACCOMMODAT	ION Nature of ex	penses (<i>Slips</i>)	must be at AN	<i>tached)</i> MOUNT CLAIMEI	0
COST OF AIR TI Journey from	RAVEL (Please at Journ	tach flight tick	(et)		
COST OF TRAV	ELLING BY CAR Journey To	(Details of Jou Kilometers travelled	rney) Engine capa- city of vehicle	FOR OFFICE US	SE ONLY Amount

GNATURE OF CLAIMANT

DATE

<u>DR OFFICE USE ONLY</u>

ertified correct

Approved

Date