#### Convention for a Democratic South Africa

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

	CLAIM FO	OR TRANSPO	RT AND	SUBSISTENCE	
Name of Claimar	nt				
Address					
T-1		F		de	
Telephone numb	er	Fax	number		
	NISATION*/A			INTENT: 2 MA	
DEPARTURE FROM	M RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	TI	ME	
		EXPE	NSES		
ACCOMMODA  (Telephone and ba		f expenses <i>(Slips</i> ed)	must be at	ttached) MOUNT CLAIMEI	)
COST OF AIR 1 Journey from	<u>ΓRAVEL</u> ( <i>Pleas</i>   J	e attach flight tid lourney to	cket)		
COST OF TRAN	VELLING BY C	AR REGISTRATIO	ON NO		
COST OF TRAVELLING BY CAR REGISTRATION NO  (Details of Journey)  Journey From Journey To Kilometers travelled capacity of vehicle					
SIGNATURE OF	CLAIMANT		-	DAT	E
FOR OFFICE US	E ONLY				
Certified correct		Date	Approve	d	Date

#### Convention for a Democratic South Africa

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

	<b>CLAIM FOR</b>	TRANSPO	RT AND	SUBSISTENCE	
Name of Claimar	nt				
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			Poetal Co		
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			<u> </u>	OUP 1: 2 MARC	H 1992
	NISATION*/ADM				
DEPARTURE FROM	M RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	T	IME	
		EXPE	NSES		
	TION Nature of e	xpenses <i>(Slips</i>	must be a	<i>ttached)</i> MOUNT CLAIMEI	
COST OF AIR 1 Journey from	FRAVEL (Please a	attach flight tic irney to	ket)		
COST OF TRAN	ELLING BY CAR	REGISTRATIO	N NO		
(Details of Jour		Liza	1	I FOR OFFICE U	SE ONLY
Journey From	Journey To	Kilometers travelled	Engine capa- city of vehicle	Tariff	Amount
SIGNATURE OF	CLAIMANT			DAT	E
FOR OFFICE USI					

Approved

Date

Date

Certified correct

#### Convention for a Democratic South Africa

<b>CLAIM FOR TRANSPORT</b>	AND SUBSISTENCE
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Name of Clair	mant					
Address						
Telephone nu	mbe		Fax		<u>-</u>	
PARTY*/OR		ISATION*/AD	OF WORKING G MINISTRATION			992
DEPARTURE F	ROM	RESIDENCE	ARRIVAL AT	RESIDENCE		
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			EXPE	NSES		
		ON Nature of charges excluded	expenses <i>(Slips</i> ()	must be a	attached) MOUNT CLA	IMED
COST OF A Journey from			attach flight tid urney to	ket)		
COST OF TI	RAVE	LLING BY CA	R REGISTRATIO	N NO		
(Details of J Journey From	lourn	ey)   Journey To	Kilometers travelled	Engine capa- city of vehicle	FOR OFFICE Tariff	CE USE ONLY Amount
SIGNATURE	OF C	I AIMANT				DATE
Certified correct			Date	Approv	ed	Date

#### Convention for a Democratic South Africa

		CLAIM	FOR	TRANSPO	RT AND	SUBSISTEN	CE
Name of Claim	nant						
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(Details of Jo	ourn						
Journey From Sourney To Kilometers travelled Engine capacity of vehicle FOR OFFICE USE ONLY Tariff Amount							
SIGNATURE C	F C	LAIMANT				D/	ATE
FOR OFFICE U	JSE	ONLY					
Certified correct			Da	te	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	CLAIM FO	R TRANSPO	RT AND	SUBSISTENC	E
Name of Claiman	t				
Address					
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DEPARTURE FROM	I RESIDENCE	ARRIVAL AT	RESIDENCE		
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		EXPE	NSES		
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COST OF TRAV		R REGISTRATIO	N NO		
(Details of Journ Journey From	ney)   Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	Amount
SIGNATURE OF (	CLAIMANT			DA	IE
FOR OFFICE USE	ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

	<b>CLAIM FOI</b>	R TRANSPO	RT AND	SUBSISTE	NCE
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	ETING OF SUBGI ANISATION*/ADI				
DEPARTURE FRO	OM RESIDENCE	ARRIVAL AT	RESIDENCE		
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Journey From	Journey To	Kilometers travelled	Engine capa- city of vehicle	Tariff	Amount
SIGNATURE OF	CLAIMANT				DATE
FOR OFFICE US	SE ONLY	9.75			
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	<b>CLAIM FO</b>	R TRANSPO	RT AND	SUBSISTEN	ICE
Name of Claima	int				
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Journey From	Journey To	Kilometers travelled	Engine capa- city of vehicle	Tariff	Amount
SIGNATURE OF	CLAIMANT		<u></u>	D	ATE
FOR OFFICE US	SE ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

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Name of Clai	mant					
Address	-					
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	RGANISA		ROUP 2 OF WO			ARCH 1992
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Journey From		Journey To	Kilometers travelled	Engine capa- city of vehicle	FOR OFFIC Tariff	E USE ONLY Amount
SIGNATURE	OF CLA	IMANT			С	DATE
OR OFFICE	USE ON	LY				
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#### Convention for a Democratic South Africa

		CLAIN FOR	TRANSPU	KI AND	208212 I EIN	<u>CE</u>
Name of Clair	mant	<u> </u>				
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	GAN	ISATION*/ADM			OUP 1: 2 MAF	
DEPARTURE F	ROM	RESIDENCE	ARRIVAL AT	RESIDENCE		
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SIGNATURE (	OF C	LAIMANT			DA	ATE
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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 F	OR TRANSPO	RT AND	SUBSISTE	NCE
Name of Claimant					
Address					
Telephone numbe		Eav		ode	
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	ISATION*/A	AILY MANAGEME ADMINISTRATION			
DEPARTURE FROM	RESIDENCE	ARRIVAL AT	RESIDENCE		
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COST OF AIR TE Journey from		se attach flight ti Journey to	cket)		
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SIGNATURE OF C	LAIMANT				DATE
FOR OFFICE USE	ONLY				
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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

Name of Claima Address	nt				
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	MEETING OF ANISATION*/ADM	WORKING GRO	OUP 3: 2		
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT	RESIDENCE		
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		EXPE	NSES		
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(Details of Jou Journey From		Kilometers travelled	Engine capa- city of vehicle		E USE ONLY Amount
SIGNATURE OF	CLAIMANT		<u> </u>	C	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	TRANSPO	RT AND	SUBSISTENCE	
Name of Claimar	nt					
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	NISATION*				OUP 4: 3 MARC	Н 1992
DEPARTURE FROM	M RESIDENCE		ARRIVAL AT	RESIDENCE		
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COST OF AIR 1 Journey from	TRAVEL (Ple		tach flight tic ney to	ket)		
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Certified correct

#### Convention for a Democratic South Africa

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

	<b>CLAIM F</b>	OR TRANSPO	RT AND	SUBSISTENC	E	
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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 FO	R TRANSPO	RT AND	SUBSISTE	NCE
Name of Claima	nt				
Address					
Telephone num	ber	Fax		oue	
	ANISATION*/ADI				RS: 3 MARCH 1992
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	T	IME	
		EXPE	NSES	4.9	
	ATION Nature of o			attached) MOUNT CLAI	MED
COST OF AIR Journey from	TRAVEL (Please   Jou	<b>attach flight tid</b> urney to	cket)		
COST OF TRA	VELLING BY CAI	R REGISTRATIO	ON NO		
(Details of Jou	rney)				
Journey From	Journey To	Kilometers travelled	Engine capa- city of vehicle	FOR OFFIC Tariff	E USE ONLY Amount
		198		1	
SIGNATURE OF	CLAIMANT			С	DATE
OR OFFICE US	E ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

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elephone numbe	r	Fax	number		
	ANISATION*/A	ILY MANAGEME DMINISTRATION			RCH 1992
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		EXPE	ENSES		
	ATION Nature of charges excluded)	of expenses (Slips m	ust be attach	ned) MOUNT CLAI	MED
COST OF AIR Journey from	TRAVEL (Plea	se attach flight tick Journey to	et)		
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SIGNATURE O	FCLAIMANT			Г	DATE
FOR OFFICE U	SE ONLY				
Certified correct	Date	Aj	proved		Date

## Convention for a Democratic South Africa

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

	<u>CLAIM</u>	FOR	TRANSPO	RT AND	SUBSISTE	NCE
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	NISATION*					9 MARCH 1992
DEPARTURE FRO	M RESIDENC	E	ARRIVAL AT	RESIDENCE		
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			EXPE	ENSES		
ACCOMMODA			penses (Slips m	ust be attach	hed) AMOUNT CLA	IMED
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(Details of Journ Journey From	ey) Journey	То	Kilometers travelled	Engine capa-	FOR OFFICE	CE USE ONLY Amount
				of vehicle		
IGNATURE OF	CLAIMAN'	Г				DATE
FOR OFFICE US	SE ONLY					
Certified correct	D	ate	Ar	proved		Date

Certified correct

### Convention for a Democratic South Africa

	CLAIM	FOR	TRANSPO	RT AND	SUBSISTE	NCE
Name of Claiman	it					
Address						
				Postal Co	de	
Telephone number	er		Fax	number		
	ANISATION		OMMITTEE OF			P 1: 9 MARCH 1992
DEPARTURE FRO	OM RESIDENC	E	ARRIVAL AT	RESIDENCE		
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ACCOMMOD  (Telephone and ba			penses (Slips m	ust be attack	hed) AMOUNT CLA	IMED
COST OF AIR Journey from	TRAVEL (	Please a	nttach flight tick mey to	cet)		
COST OF TRA	AVELLING	BY CA	R REGISTRAT	TION NO		
(Details of Journey From			Kilometers travelled	Engine capa-city of vehicle		CE USE ONLY Amount
SIGNATURE O	F CLAIMAN	Т				DATE
FOR OFFICE U		Date		pproved		Date

# Convention for a Democratic South Africa

	<b>CLAIM</b>	FOR	TRANSPOL	RT AND	SUBSISTE	NCE
Name of Claimant						
Address						
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Telephone number			Fax n	umber		
ME PARTY*/ORGA *Delete where not applic	NISATION	SUBGR */ADM	OUP 1 OF WO	RKING G	ROUP 1: 9 M.	ARCH 1992
DEPARTURE FRO	M RESIDENC	Œ	ARRIVAL AT I	ESIDENCE		
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#### Convention for a Democratic South Africa

	CLAIM	FOR	TRANSPOR	RT AND	SUBSISTENCE
Name of Claimant Address					
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	NISATION <sup>*</sup>				GROUP 1: 9 MARCH 1992
DEPARTURE FROM	M RESIDENC	E	ARRIVAL AT R	ESIDENCE	
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SIGNATURE OF	CLAIMAN	Т			DATE
FOR OFFICE US					Date
Certified correct	Γ	ate	Ap	proved	Date

### Convention for a Democratic South Africa

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

	CLAIM FO	R TRANSPO	RT AND	SUBSISTENCE	
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elephone number		Fax	number		
PARTY*/ORGA *Delete where not applic	ANISATION*/ADM			9 MARCH 1992	
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT	RESIDENCE		
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		EXP	ENSES		1 79
ACCOMMODA  (Telephone and bar	ATION Nature of e	expenses (Slips m	ust be attach	ned) MOUNT CLAIMED	
COST OF AIR Journey from	TRAVEL (Please	attach flight tick	(et)		
COST OF TRA	VELLING BY CA	AR REGISTRA	TION NO		
(Details of Journ Journey From		Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE USE ONL Tariff Amoun	
SIGNATURE OF	CLAIMANT			DATE	
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FOR OFFICE U	SE ONLY Date		pproved	Date	

## Convention for a Democratic South Africa

	<b>CLAIM</b>	FOR	TRANSPO	RT AND	SUBSISTEN	<u>ICE</u>
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SIGNATURE OF	CLAIMAN	Г			<u>I</u>	DATE
FOR OFFICE U						
Certified correct		ate	Ap	proved		Date

### Convention for a Democratic South Africa

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

	<b>CLAIM</b>	FOR	TRANSPO	RT AN	D SUBSISTENCE
Name of Claimant					
Address					
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Telephone number			Fax r	umber	
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PARTY*/ORGA *Delete where not applic	NISATION*				4. / MARCH 1772
DEPARTURE FRO	M RESIDENCE	3	ARRIVAL AT I	RESIDENC	CE
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FOR OFFICE U	SE ONLY				
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### Convention for a Democratic South Africa

	<b>CLAIN</b>	1 FOR	TRANSPO	RT AND	SUBSISTE	NCE
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	GANISATION					P 5: 9 MARCH 1992
DEPARTURE F	OM RESIDEN	CE	ARRIVAL AT	RESIDENCE		
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## Convention for a Democratic South Africa

	CLAIN	M FOR	TRANSPO	RT AND	SUBSISTEN	ICE
Name of Claiman	t					
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Telephone numbe	r		Fax r	number		
MEETING O PARTY*/ORGA *Delete where not applie	ANISATIO					9 5: 9 MARCH 1992
DEPARTURE FRO	M RESIDEN	VCE	ARRIVAL AT I	RESIDENCE		
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ACCOMMODA			penses (Slips mi	ust be attach	<i>ied)</i> MOUNT CLAI	MED
(Telephone and ba	r charges exc	luded)				
COST OF AIR Journey from	TRAVEL	(Please d	attach flight tick ney to	et)		
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(Details of Journey From			Kilometers travelled	Engine capa-city of vehicle		EE USE ONLY Amount
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FOR OFFICE U	SE ONLY					
Certified correct		Date	Ap	proved		Date

### Convention for a Democratic South Africa

	<b>CLAIM FOI</b>	R TRANSPO	RT AND	SUBSISTE	NCE
ame of Claimant					
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elephone number					
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	ATION Nature of e	xpenses (Slips m	ust be attach	ned) MOUNT CLA	IMED
Telephone and bar	charges excluded)				
COST OF AIR Journey from	TRAVEL (Please	attach flight tick rney to	et)		
COST OF TRA	VELLING BY CA	AR REGISTRAT	rion no		
(Details of Journ Journey From		Kilometers travelled	Engine capa-city of vehicle		CE USE ONLY Amount
IGNATURE OF	CLAIMANT				DATE 
OR OFFICE U	SE ONLY				
ertified correct	Date	A	proved		Date

#### Convention for a Democratic South Africa

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

	<u>CLAIN</u>	I FOF	R TRANSPO	RT AND	SUBSISTE	<u>NCE</u>		
Name of Claimar	nt							
Address								
		Postal Code Fax number						
'elephone numbe	er		Fax	number				
MEETING ( PARTY*/ORG *Delete where not appl	ANISATION	OUP 1 */ADM	TASK GROUP	3 OF WOR	KING GROUI	P 5: 9 MARCH 1992		
DEPARTURE FR	OM RESIDENO	CE .	ARRIVAL AT	RESIDENCE				
DATE	TIME		DATE T		IME			
	· · · · · · · · · · · · · · · · · · ·		EXPE	INSES				
ACCOMMOD  (Telephone and bo			xpenses (Slips m	ust be attach	<i>led)</i> MOUNT CLAI	MED		
•		Please	attach flight tick rney to	et)				
COST OF TR	AVELLING	BY CA	R REGISTRAT	NO NO		•••		
(Details of Journey From	ney) Journey	То	Kilometers travelled	Engine capa-city of vehicle	FOR OFFIC Tariff	CE USE ONLY Amount		
L.								
SIGNATURE O	F CLAIMAN	T			I	DATE		
FOR OFFICE I	JSE ONLY							
Certified correct	1	Date	Ap	proved		Date		

#### Convention for a Democratic South Africa

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

Y	CLAIM FO	OR TRANSPO	RT AND	SUBSISTE	NCE
Name of Claiman	t				
Address					
			Postal Co	de	
Telephone numbe	r	Fax	number		
	ANISATION*/A	P 1 TASK GROUP DMINISTRATION			P 5: 9 MARCH 1992
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	T	IME	
		EXP	ENSES		
	ATION Nature o	f expenses (Slips m	ust be attach	hed) MOUNT CLA	IMED
	TRAVEL (Plea	se attach flight tick	ket)		
COST OF TRA	VELLING BY	CAR REGISTRA	TION NO		
(Details of Journey From		Kilometers travelled	Engine capa-city of vehicle		CE USE ONLY Amount
SIGNATURE OF	F CLAIMANT				DATE
FOR OFFICE U	SE ONLY			:	
Certified correct	Date	A	pproved		Date

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#### Convention for a Democratic South Africa

	<b>CLAIM I</b>	FOR TRANSPO	ORT AND	SUBSISTEN	<u>ICE</u>
Name of Claiman	t				
Address					
			Postal Co	de	
Telephone numbe		Fax			
	ANISATION*/	JBGROUP 2 OF WADMINISTRATION			ARCH 1992
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	Т	IME	
		EXF	PENSES		
ACCOMMODA  (Telephone and ba		of expenses (Slips )	must be attac	hed) AMOUNT CLAI	MED
		ase attach flight tid Journey to	cket)		
COST OF TRA	VELLING BY	CAR REGISTRA	TION NO .		
(Details of Journey From			Engine capa-city of vehicle		CE USE ONLY Amount
SIGNATURE OF	F CLAIMANT				DATE 
FOR OFFICE U					
Certified correct	Dat	e	Approved		Date

#### Convention for a Democratic South Africa

	<b>CLAIM FOR</b>	R TRANSPO	RT AND	SUBSISTEN	CE
lame of Claimar	nt				
ddress					
			Postal Cod	e	
elephone number	er				
PARTY*/ORG	MEETING OF M ANISATION*/ADM icable				
DEPARTURE FR	OM RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	TE TIME		
		EXP	ENSES		
	ATION Nature of example of exampl	xpenses (Slips m	ust be attach	ed) MOUNT CLAIM	IED
COST OF AIR Journey from	R TRAVEL (Please ) Jou	attach flight tick rney to	cet)		
COST OF TR	AVELLING BY CA	R REGISTRA	TION NO		
(Details of Journey From	rney) Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	Amount

#### Convention for a Democratic South Africa

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

	CLAIM FOI	R TRANSPO	RT AND	SUBSISTEN	<u>CE</u>
ame of Claimant					
ddress					
				1.	
			Postal Cod	ie	
elephone number		Fax :	number		
PARTY*/ORGA *Delete where not applica		ECURITY SUBO MINISTRATION	*	EE: 10 MARCH	I 1992
DEPARTURE FROM	M RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE TIME		DATE	T	IME	
		EXP	ENSES		
ACCOMMODA'	TION Nature of e	xpenses (Slips m	ust be attach	ned) MOUNT CLAIN	MED
COST OF AIR 7	FRAVEL (Please   Jou	attach flight tick urney to	cet)		
COST OF TRAY	VELLING BY CA	AR REGISTRA	TION NO		
(Details of Journe Journey From		Kilometers travelled	Engine capa-city of vehicle		E USE ONLY Amount
IGNATURE OF	CLAIMANT			D	ATE
OR OFFICE US	SE ONLY Date		pproved		Date

#### Convention for a Democratic South Africa

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

	<b>CLAIM FO</b>	R TRANSPO	ORT AND	SUBSISTE	NCE	
Name of Claimant						
Address						
				de		
Telephone number		Fax	number			
	NISATION*/ADM				: 20 MARCH 1992	
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT	RESIDENCE			
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		EXP	ENSES			
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COST OF AIR Journey from	TRAVEL (Please Jou	attach flight tick rney to	ket)			
COST OF TRA	VELLING BY CA	R REGISTRA	TION NO			
(Details of Journ						
Journey From	Journey To	Kilometers	Engine		CE USE ONLY	
		travelled	capa- city of vehicle	Tariff	Amount	
IGNATURE OF	CLAIMANT			I	DATE	
OR OFFICE US	SE ONLY					
artified correct	Data	Α	mround		Data	

#### Convention for a Democratic South Africa

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

	<b>CLAIM FOR</b>	RTRANSPOR	T AND	SUBSISTEN	CE
Name of Claima	nt				
Address					
				ode _	
Telephone numb	oer	Fax r	umber		
	TING OF SUBGRANISATION*/ADM				
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT R	ESIDENCE		
DATE	DATE TIME DATE TIME				
		EXPEN	ISES		
	TION Nature of e		must be a	nttached) MOUNT CLAIM	ED
COST OF AIR Journey from	TRAVEL (Please a	attach flight tick irney to	ret)		
COST OF TRA	VELLING BY CAF	REGISTRATIO	N NO		
(Details of Jou Journey From	rney) Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	USE ONLY Amount
SIGNATURE OF	CLAIMANT		-	DA	TE.
FOR OFFICE US	E ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	CLAIM FO	RIKANSPO	RIAND	20R2I2 I FIN	ICE
Name of Claiman	t				
Address					
				ode	
Telephone number	er	Fax	number		
					RCH 1992
DEPARTURE FROM	A RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	Т	IME	
		EXPE	NSES		
ACCOMMODAT			must be a	ttached) MOUNT CLAIR	MED
COST OF AIR T Journey from		attach flight tic urney to	ket)		
COST OF TRAV	ELLING BY CAI	REGISTRATIO	N NO		
(Details of Journ Journey From	ney) Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	E USE ONLY Amount
SIGNATURE OF	CLAIMANT			D	ATE
FOR OFFICE USE	ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	CLAIM	FOR	TRANSPO	RT AND	SUBSISTENC	E	
Name of Claima	int						
Address							
				Do atal Co			
Telephone num			Fav		ode		
relephone num							
PARTY*/ORG/	ANISATION*				23 MARCH 1992		
DEPARTURE FRO	M RESIDENCE		ARRIVAL AT	RESIDENCE			
DATE	TIME		DATE	E TIME			
			EXPE	NSES			
ACCOMMODA  (Telephone and b			xpenses <i>(Slips</i>	must be a	ttached) MOUNT CLAIM	ED	
COST OF AIR Journey from	TRAVEL (Ple	Jour	ttach flight tic rney to	ket)			
COST OF TRA	VELLING BY	CAR	REGISTRATIO	N NO			
(Details of Jou Journey From	urney) Journey	То	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE I	USE ONLY Amount	
SIGNATURE OF	CLAIMANT				DA	TE	
FOR OFFICE US	SE ONLY						
Certified correct		D	ate	Approve	ed	Date	

#### Convention for a Democratic South Africa

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

	CLAIM FO	R TRANSPO	RT AND	SUBSISTEN	ICE
Name of Claimant	·				
Address					
				ode	
Telephone numbe					
PARTY*/ORGAN *Delete where not applic	IISATION*/AD	SECURITY COI MINISTRATION			992
DEPARTURE FROM	RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	Т	IME	
		EXPE	NSES		
ACCOMMODAT			must be a	ttached) MOUNT CLAIN	MED
COST OF AIR TO	RAVEL (Please Jo	<i>attach flight <mark>tic</mark></i> urney to	ket)		
COST OF TRAVI	ELLING BY CA	R REGISTRATIO	N NO		
(Details of Journ Journey From	ney)   Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	Amount
SIGNATURE OF C	CLAIMANT			D	ATE
FOR OFFICE USE	ONLY				
Certified correct		Date	Approve	ed	Date

#### 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

	CLAIN FO	INANSFO	NI AND	30D3I3 I L	IVOL	
Name of Claima	int					
Address						
T.1			Postal Code			
Telephone num	ber	Fax	number			
PARTY*/ORGA *Delete where not ap	ANISATION*/AD	WORKING GRO			1992	
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	ATION Nature of		must be a	attached) MOUNT CLA	IMED	
	TRAVEL (Please		eket)			
COST OF TRA	VELLING BY CA	R REGISTRATIO	ON NO			
(Details of Jou Journey From	Irney) Journey To	Kilometers travelled	Engine capa- city of vehicle	FOR OFFIC Tariff	EE USE ONLY Amount	
			· ·			
SIGNATURE OF	CLAIMANT				DATE	
FOR OFFICE US	SE ONLY					
Certified correct		Date	Approve	ed	Date	

#### Convention for a Democratic South Africa

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

	CLAIM FO	R TRANSPO	RT AND	SUBSISTEN	CE
Name of Claima	ant				
Address					
T. I				ode	
Telephone num	ber	Fax	number		The state of the s
PARTY*/ORG	ANISATION*/AD	WORKING GRO			
DEPARTURE FRO	OM RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	Т	IME	
111111111111111111111111111111111111111		EXPE	NSES		
	ATION Nature of		must be a	ttached) MOUNT CLAIN	ЛЕD
COST OF AIR Journey from	TRAVEL (Please	attach flight tic ourney to	ket)		
COST OF TRA	VELLING BY CA	R REGISTRATIO	N NO		
(Details of Journey From	Journey To	Kilometers travelled	Engine capa-	FOR OFFICE	USE ONLY Amount
			city of vehicle		
SIGNATURE OF	CLAIMANT				ATE
FOR OFFICE US	SE ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	CLAIM	FOR	TRANSPO	RT AND	SUBSISTEN	ICE
Name of Claima	nt					
Address						
					ode	
Telephone numb						
	NISATION					MARCH 1992
DEPARTURE FRO	M RESIDENCI	F	ARRIVAL AT	RESIDENCE		
DATE	TIME		DATE	Т	IME	
			EXPE	NSES		
ACCOMMODA  (Telephone and ba			xpenses <i>(Slips</i>	must be a	ttached) MOUNT CLAI	MED
COST OF AIR Journey from	TRAVEL (PI	<i>ease a</i> Jou	ttach flight tic rney to	ket)		
COST OF TRA	VELLING B	Y CAR	REGISTRATIO	N NO		
(Details of Jou Journey From	rney) Journey	То	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	E USE ONLY Amount
SIGNATURE OF	CLAIMANT	r			D	DATE
FOR OFFICE US	E ONLY					
Certified correct		D	ate	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	CLAIM	FOR	TRANSPO	RT AND	SUBSISTE	NCE
Name of Claima	nt					
Address						
		A STATE OF THE PARTY OF THE PAR				
Talanhana numl			Env		ode	
Telephone numl						
	ANISATION	Commence of the Commence of th	the state of the s			1 MARCH 1992
DEPARTURE FRO	M RESIDENCE	E	ARRIVAL AT	RESIDENCE		
DATE	TIME		DATE	1	ГІМЕ	
			EXPE	NSES		
ACCOMMODA  (Telephone and bo			xpenses <i>(Slips</i>	must be	attached) AMOUNT CLA	IMED
				)		
COST OF AIR Journey from	IRAVEL (PI	Jour	rney to	Ket)		
COST OF TRA	VELLING B	Y CAR	REGISTRATIO	N NO		
(Details of Jou		-	l Kilomotom	Louine	I EOD OFFIC	E USE ONLY
Journey From	Journey	10	Kilometers travelled	Engine capa- city of vehicle	Tariff	Amount
SIGNATURE OF	CLAIMANT				1	DATE
FOR OFFICE US	E ONLY					
Certified correct		D	ate	Approv	red	Date

#### Convention for a Democratic South Africa

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

	CLAIM FOR	TRANSPO	KI AND	20R2I2 LEINC	E	
Name of Claiman	t					
Address	• 100					
				ode		
Telephone numbe	er	Fax	number			
					MARCH 1992	
DEPARTURE FROM	RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	Т	IME		
		EXPE	NSES			
ACCOMMODAT		xpenses <i>(Slips</i>	must be a	ttached) MOUNT CLAIM	ED	
COST OF AIR TO	RAVEL (Please a	ttach flight tic rney to	ket)			
COST OF TRAV	ELLING BY CAR	REGISTRATIO	N NO			
(Details of Journ						
Journey From    Journey To   Kilometers travelled   Engine capacity of vehicle   FOR OFFICE USE ONLY						
SIGNATURE OF C				DA	TE	
FOR OFFICE USE	ONLY					

Approved

Date

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

	<b>CLAIM FOR</b>	RTRANSPO	RT AND	SUBSISTE	NCE
Name of Claima	ant				
Address					
				ode	
Telephone num	ber	Fax	number		
	TING OF SUB GR ANISATION*/ADM pplicable				
DEPARTURE FRO	OM RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	TI	IME	
		EXPE	NSES		
	ATION Nature of e		must be a	<i>ttached)</i> MOUNT CLAI	MED
COST OF AIR Journey from	TRAVEL (Please de Jou	attach flight tic urney to	eket)		
COST OF TRA	VELLING BY CAF	REGISTRATIO	N NO		
(Details of Journey From	urney) Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFIC Tariff	E USE ONLY Amount
SIGNATURE OF	CLAIMANT			C	DATE
FOR OFFICE US					
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	<b>CLAIM FO</b>	R TRANSPO	RT AND	SUBSISTEN	CE
Name of Claimar	nt				
Address					
		- <del></del>			
-		F		ode	
Telephone numb	er	Fax	number		
ALD					ARCH 1992
DEPARTURE FROM	A RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	Т	IME	
		EXPE	NSES		
ACCOMMODAT			must be a	nttached) MOUNT CLAIN	ИED
COST OF AIR T Journey from	RAVEL (Please Jo	<i>attach flight tid</i> urney to	cket)		
COST OF TRAV	ELLING BY CA	R REGISTRATIO	ON NO		
(Details of Jour Journey From		Kilometers travelled	Engine capa- city of vehicle	FOR OFFICE Tariff	USE ONLY Amount
SIGNATURE OF	CLAIMANT			D.	ATE
FOR OFFICE USE	ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

Factor Transfer	<b>CLAIM FOR</b>	RTRANSPO	RT AND	SUBSISTEN	ICE
Name of Claimar	nt				
Address					
				ode	
Telephone numb	er	Fax	number		
	MEETING OF MA NISATION*/ADM				
DEPARTURE FROM	M RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME DATE TIME				
		EXPE	NSES		
	TION Nature of e		must be a	ttached) MOUNT CLAII	MED
COST OF AIR 1 Journey from	TRAVEL (Please a	attach flight tic irney to	ket)		
COST OF TRAV	ELLING BY CAR	REGISTRATIC	N NO		
(Details of Jour Journey From	rney)   Journey To	Kilometers travelled	Engine capa- city	FOR OFFICE Tariff	Amount
			vehicle		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SIGNATURE OF	CLAIMANT			D	ATE
FOR OFFICE US	E ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

. <u>C</u>	LAIM FOR	<u> TRANSPOF</u>	RT AND	SUBSISTENCE		
				de		
Telephone number						
MEETING OF CO PARTY*/ORGANIŞA *Delete where not applicable	TRADITIO ATION*/ADMIN	NAL LEADER	RS: 30 MA			
DEPARTURE FROM RES	SIDENCE	ARRIVAL AT R	RESIDENCE			
DATE TIN	ME	DATE	TI	ME		
		EXPE	NSES			
(Telephone and bar chair  COST OF AIR TRAV  Journey from	rges excluded)	ach flight tick	Al	tached) MOUNT CLAIMED		
COST OF TRAVELL	ING BY CAR R	REGISTRATIO	N NO			
(Details of Journey)  Journey From Journey To Kilometers travelled Capacity of vehicle FOR OFFICE USE ONLY  Tariff Amount						
SIGNATURE OF CLA				DATE		

Approved

Date

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	TRANSPOR	RIAND	SORSISTENC	E
Address						
					ode	
Telephone num	ber		Fax	number		
	ANISATION				OUP 1: 30 MAR	CH 1992
DEPARTURE FR	OM RESIDENCE	E	ARRIVAL AT I	RESIDENCE		
DATE	TIME		DATE	Т	IME	
			EXPE	NSES		
ACCOMMOD			xpenses <i>(Slips</i>	must be a	ttached) MOUNT CLAIME	ED
	TRAVEL (PI	lease a	nttach flight tic rney to	ket)		
COST OF TRA	AVELLING B	Y CAR	REGISTRATIO	N NO	<u></u>	
(Details of Jo Journey From	urney)   Journey	<b>т</b> о	Kilometers travelled	Engine capa- city of vehicle	FOR OFFICE U	JSE ONLY Amount
SIGNATURE O	F CLAIMAN	T			DA	TE
FOR OFFICE U	SE ONLY					

Approved

Date

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 FO	R TRANSPOR	RT AND	SUBSISTEN	ICE
Name of Claiman	t				
Address					
				ode	
Telephone numbe				- 10 h <u></u>	
	NISATION*/ADI	OUP 1 OF WOR			ARCH 1992
DEPARTURE FROM	1 RESIDENCE	ARRIVAL AT I	RESIDENCE		
DATE	TIME	DATE	Т	IME	
		EXPE	NSES		
ACCOMMODAT			must be a	ttached) MOUNT CLAI	MED
COST OF AIR T Journey from		attach flight tick urney to	ket)		
COST OF TRAV	ELLING BY CAI	R REGISTRATIO	N NO		
(Details of Journ Journey From	ney) Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	E USE ONLY Amount
SIGNATURE OF (	CLAIMANT			D	PATE
FOR OFFICE USE		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	CLAIM FO	R TRANSPO	RT AND	SUBSISTEN	ICE
Name of Claiman	t	<mark>-</mark>	<del>-</del>		
Address					
			Postal Co	ode	
Telephone numb	er	Fax	number		
	NISATION*/AD	ROUP 2 OF WO			ARCH 1992
DEPARTURE FROM	A RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	Т	IME	
		EXPE	NSES		
ACCOMMODAT		expenses <i>(Slips</i>	must be a	<i>ttached)</i> MOUNT CLAI	MED
COST OF AIR T Journey from	RAVEL (Please	e attach flight tic ourney to	ket)		
COST OF TRAV	ELLING BY CA	AR REGISTRATIO	N NO		
(Details of Jour Journey From	ney) Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	E USE ONLY Amount
SIGNATURE OF	CLAIMANT			D	DATE
FOR OFFICE USE	ONLY				
Certified correct		Date	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	CLAIM	FOR	TRANSPOR	RT AND	SUBSISTE	NCE
Name of Claiman	t					
Address						
Telephone numbe			Fax		ode	
Telephone name.						4000
PARTY*/ORGAI	NISATION		ORKING GROU		•	1992
DEPARTURE FROM	RESIDENC	E	ARRIVAL AT I	RESIDENCE		
DATE	TIME		DATE	Т	IME	
			EXPE	NSES		
ACCOMMODAT			xpenses <i>(Slips</i>	must be a	<i>ttached)</i> MOUNT CLA	IMED
COST OF AIR T Journey from	RAVEL (PI		ttach flight tic rney to	ket)		
COST OF TRAV	ELLING B	Y CAR	REGISTRATIO	N NO		
(Details of Journ			1	1	I FOR OFFIC	E LICE ONLY
Journey From	Journey	10	Kilometers travelled	Engine capa- city of vehicle	Tariff	Amount
SIGNATURE OF	CLAIMAN	Г				DATE
FOR OFFICE USE	ONLY					
Certified correct		D	ate	Approve	ed	Date

#### Convention for a Democratic South Africa

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

	<b>CLAIM FO</b>	R TRANSPO	RT AND	SUBSISTE	NCE	
Name of Claima	nt					
Address						
				ode		
Telephone numb	oer	Fax	number			
PARTY*/ORGA *Delete where not app	ANISATION*/AD	WORKING GROMINISTRATION				
DEPARTURE FRO	M RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	DATE TIME		T	TIME		
		EXPE	NSES			
	TION Nature of		must be a	<i>ttached)</i> MOUNT CLA	IMED	
COST OF AIR Journey from	TRAVEL (Please Jo	attach flight tic ourney to	ket)			
COST OF TRA	VELLING BY CA	R REGISTRATIO	N NO			
(Details of Jou Journey From	A SHALL MAN AND AND AND AND AND AND AND AND AND A	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE	E USE ONLY Amount	
SIGNATURE OF	CLAIMANT			[	DATE	
FOR OFFICE US Certified correct	E ONLY	Date	Approve	ed	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 FO	OR TRANSP	PORT AN	D SUBSIS	TENCE	
Name of Clair						
Address						
Telephone nu			Postal			
PARTY*/ORG	EETING OF SUBG GANISATION*/AD applicable	ROUP 1 OF W	ORKING G	ROUP 1: 31	MARCH 1992	
DEPARTURE FR	OM RESIDENCE	ARRIVAL A	T RESIDENC	<i>E</i>		
DATE TIME		DATE	TRESIDENCE	TIME		
		177				
		F1/-				
ACCOMMOD	ATION Nature of		ENSES			
(Telephone and b	ear charges excluded)		,	AMOUNT CL	AIMED	
Journey from	TRAVEL (Please a	attach flight ti	cket)			
COST OF TRA	VELLING BY CAR	PECICEDATION	201 010	4		
Dotails of Jou	VELLING BY CAR	NEGISTRATIC	<u> </u>		•	
Journey From	Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	Amount	
					312	
SNATURE OF	CLAIMANT				DATE	
R OFFICE USE	ONLY					
tified correct	Da	te	Approved	1	Description	

# 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

	CLAIN	FOR	TRANSPO	RIAND	SOBSISTE	NCE	
Name of Claim							
Address							
					ode		
Telephone num							
	ANISATION				ROUP 1: 31 N	1ARCH 1992	
DEPARTURE FRO	OM RESIDENC	E	ARRIVAL AT	RESIDENCE			
DATE	TIME		DATE		TIME		
			EXPE	NSES			
ACCOMMODA  (Telephone and B			rpenses <i>(Slips</i>		attached) AMOUNT CLA	IMED	
COST OF AIR Journey from			ttach flight tid ney to	eket)			
COST OF TRA	VELLING B	Y CAR	REGISTRATIO	N NO			
(Details of Journey) Journey From Journey To			Kilometers travelled	Engine capa- city of vehicle		E USE ONLY Amount	
IGNATURE OF	CLAIMANT	г				DATE	
OR OFFICE US	SE ONLY						
ertified correct		Da	te	Approv	ed	Date	

PCOD72

#### Convention for a Democratic South Africa

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

	CLAIM FOR	TRANSPOR	RIAND	SUBSISTENC	上
Name of Claiman	t				
Address					
T				ode _	
Telephone number	er	Fax	number		
PARTY*/ORGAI	NISATION*/ADM			31 MARCH 19	
DEPARTURE FROM	RESIDENCE	ARRIVAL AT I	RESIDENCE		
DATE	TIME	DATE		IME	
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ACCOMMODAT	TION Nature of excluded)	xpenses <i>(Slips</i>	must be a	ttached) MOUNT CLAIM	ED
COST OF AIR T Journey from	RAVEL (Please a	ttach flight tick rney to	ket)		
COST OF TRAV	ELLING BY CAR	REGISTRATIO	N NO		
(Details of Journ Journey From	ney) Journey To	Kilometers travelled	Engine capa-city of vehicle	FOR OFFICE Tariff	USE ONLY Amount
		)			
SIGNATURE OF (	CLAIMANT			DA	TE
FOR OFFICE USE	ONLY				
Certified correct	D	ate	Approve	ed	Date