

# 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 .....

#### MEETING OF DAILY MANAGEMENT COMMITTEE: 6 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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 | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|------|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
|      |    |                      |                            |                             | Tariff          | Amount |
|      |    |                      |                            |                             |                 |        |

-----  
SIGNATURE OF CLAIMANT

-----  
DATE

#### FOR OFFICE USE ONLY

Certified correct

Date

Approved

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 FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

..... Postal Code .....

Telephone number ..... Fax number .....

|   |
|---|
| <b>MEETING OF GENDER ADVISORY COMMITTEE: 6 APRIL 1992</b> |
| PARTY*/ORGANISATION*/ADMINISTRATION* .....                |
| <small>*Delete where not applicable</small>               |

| <i>DEPARTURE FROM RESIDENCE</i> |      | <i>ARRIVAL AT RESIDENCE</i> |      |
|---------------------------------|------|-----------------------------|------|
| DATE                            | TIME | DATE                        | TIME |
|                                 |      |                             |      |

### **EXPENSES**

| <u>ACCOMMODATION</u> Nature of expenses ( <i>Slips must be attached</i> ) | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i>         |                |

| <u>COST OF AIR TRAVEL</u> ( <i>Please attach flight ticket</i> ) |            |  |
|--|------------|--|
| Journey from   | Journey to |  |
|  |            |  |

| <u>COST OF TRAVELLING BY CAR</u> ( <i>Details of Journey</i> ) |    |                      |                            |                             |                        |        |
|--|----|----------------------|----------------------------|-----------------------------|------------------------|--------|
| From   | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | <u>OFFICE USE ONLY</u> |        |
|  |    |                      |                            |                             | Tariff                 | Amount |
|  |    |                      |                            |                             |                        |        |

-----  
 SIGNATURE OF CLAIMANT ..... DATE .....

| <u>FOR OFFICE USE ONLY</u> |      |          |      |
|----------------------------|------|----------|------|
| Certified correct          | Date | Approved | Date |
|                            |      |          |      |

# 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 WORKING GROUP 3: 6 & 7 APRIL 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\*** .....

\*Delete where not applicable

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| <b>ACCOMMODATION</b> Nature of expenses <i>(Slips must be attached)</i> | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i>       |                |

| <b>COST OF AIR TRAVEL</b> <i>(Please attach flight ticket)</i> |            |  |
|--|------------|--|
| Journey from   | Journey to |  |
|  |            |  |

| <b>COST OF TRAVELLING BY CAR</b> <i>(Details of Journey)</i> |    |                      |                            |                             |                 |        |
|--|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
| From   | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|  |    |                      |                            |                             | Tariff          | Amount |
|  |    |                      |                            |                             |                 |        |

----- SIGNATURE OF CLAIMANT ----- DATE -----

**FOR OFFICE USE ONLY**

*Certified correct*                      *Date*                      *Approved*                      *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 FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....Postal Code .....

Telephone number ..... Fax number .....

|   |
|---|
| <b>MEETING OF SUBGROUP 2 OF WORKING GROUP 1: 7 APRIL 1992</b><br><b>PARTY*/ORGANISATION*/ADMINISTRATION* .....</b><br><small>*Delete where not applicable</small> |
|---|

| <i>DEPARTURE FROM RESIDENCE</i> |      | <i>ARRIVAL AT RESIDENCE</i> |      |
|---------------------------------|------|-----------------------------|------|
| DATE                            | TIME | DATE                        | TIME |
|                                 |      |                             |      |

#### EXPENSES

| <u>ACCOMMODATION</u> Nature of expenses ( <i>Slips must be attached</i> ) | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i>         |                |

| <u>COST OF AIR TRAVEL</u> ( <i>Please attach flight ticket</i> ) |            |  |
|--|------------|--|
| Journey from   | Journey to |  |
|  |            |  |

| <u>COST OF TRAVELLING BY CAR</u> ( <i>Details of Journey</i> ) |    |                      |                            |                             |                        |        |
|--|----|----------------------|----------------------------|-----------------------------|------------------------|--------|
| From   | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | <u>OFFICE USE ONLY</u> |        |
|  |    |                      |                            |                             | Tariff                 | Amount |
|  |    |                      |                            |                             |                        |        |

-----  
SIGNATURE OF CLAIMANT

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DATE

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**FOR OFFICE USE ONLY**

*Certified correct*

*Date*

*Approved*

*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 FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....

..... Postal Code .....

Telephone number ..... Fax number .....

**MEETING OF GENDER ADVISORY COMMITTEE: 10 APRIL 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\*** .....

\*Delete where not applicable

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| <b>ACCOMMODATION</b> Nature of expenses <i>(Slips must be attached)</i> | <b>AMOUNT CLAIMED</b> |
|---|-----------------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i>       |                       |

| <b>COST OF AIR TRAVEL</b> <i>(Please attach flight ticket)</i> |            |  |
|--|------------|--|
| Journey from   | Journey to |  |
|  |            |  |

| <b>COST OF TRAVELLING BY CAR</b> <i>(Details of Journey)</i> |    |                      |                            |                             |                        |        |
|--|----|----------------------|----------------------------|-----------------------------|------------------------|--------|
| From   | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | <b>OFFICE USE ONLY</b> |        |
|  |    |                      |                            |                             | Tariff                 | Amount |
|  |    |                      |                            |                             |                        |        |

-----  
SIGNATURE OF CLAIMANT -----  
DATE

**FOR OFFICE USE ONLY**

*Certified correct* *Date* *Approved* *Date*

# 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 TECHNICAL COMMITTEE OF WORKING GROUP 3: 10 APRIL 1992**  
**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**  
 \*Delete where not applicable

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i>  | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i> |                |

| COST OF AIR TRAVEL <i>(Please attach flight ticket)</i> |            |
|---|------------|
| Journey from  | Journey to |
|   |            |

| COST OF TRAVELLING BY CAR <i>(Details of Journey)</i> |    |                      |                            |                             |                 |        |
|---|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
| From  | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|   |    |                      |                            |                             | Tariff          | Amount |
|   |    |                      |                            |                             |                 |        |

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 SIGNATURE OF CLAIMANT ..... DATE .....

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**FOR OFFICE USE ONLY**

|                          |             |                 |             |
|--------------------------|-------------|-----------------|-------------|
| <i>Certified correct</i> | <i>Date</i> | <i>Approved</i> | <i>Date</i> |
|--------------------------|-------------|-----------------|-------------|

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### CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....

..... Postal Code .....

Telephone number ..... Fax number .....

|  |  |
|--|--|
| <b>MEETING OF WORKING GROUP 2: 21 APRIL 1992</b> |  |
| PARTY*/ORGANISATION*/ADMINISTRATION* .....       |  |
| *Delete where 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> | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i>       |                |

| <u>COST OF AIR TRAVEL</u> <i>(Please attach flight ticket)</i> |            |  |
|--|------------|--|
| Journey from   | Journey to |  |
|  |            |  |

| <u>COST OF TRAVELLING BY CAR</u> <i>(Details of Journey)</i> |    |                      |                            |                             |                        |        |
|--|----|----------------------|----------------------------|-----------------------------|------------------------|--------|
| From   | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | <u>OFFICE USE ONLY</u> |        |
|  |    |                      |                            |                             | Tariff                 | Amount |
|  |    |                      |                            |                             |                        |        |

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SIGNATURE OF CLAIMANT DATE

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**FOR OFFICE USE ONLY**

|                   |      |          |      |
|-------------------|------|----------|------|
| Certified correct | Date | Approved | Date |
|-------------------|------|----------|------|

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### CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....

..... Postal Code .....

Telephone number ..... Fax number .....

**MEETING OF SUBGROUP 3 OF WORKING GROUP 1: 21 APRIL 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**

\*Delete where not applicable

| <i>DEPARTURE FROM RESIDENCE</i> |      | <i>ARRIVAL AT RESIDENCE</i> |      |
|---------------------------------|------|-----------------------------|------|
| DATE                            | TIME | DATE                        | TIME |
|                                 |      |                             |      |

### EXPENSES

| <i>ACCOMMODATION</i> Nature of expenses <i>(Slips must be attached)</i> | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i>       |                |

| <i>COST OF AIR TRAVEL (Please attach flight ticket)</i> |            |  |
|---|------------|--|
| Journey from  | Journey to |  |
|   |            |  |

| <i>COST OF TRAVELLING BY CAR (Details of Journey)</i> |    |                      |                            |                             |                        |        |
|---|----|----------------------|----------------------------|-----------------------------|------------------------|--------|
| From  | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | <b>OFFICE USE ONLY</b> |        |
|   |    |                      |                            |                             | Tariff                 | Amount |
|   |    |                      |                            |                             |                        |        |

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SIGNATURE OF CLAIMANT

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DATE

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*Certified correct*

*Date*

*Approved*

*Date*



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### CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

..... Postal Code .....

Telephone number .....

Fax number .....

|  |
|--|
| <b>MEETING OF SUBGROUP 1 OF WORKING GROUP 1: 21 APRIL 1992</b><br><b>PARTY*/ORGANISATION*/ADMINISTRATION* .....</b><br><small>*Delete where not applicable</small> |
|--|

| <i>DEPARTURE FROM RESIDENCE</i> |      | <i>ARRIVAL AT RESIDENCE</i> |      |
|---------------------------------|------|-----------------------------|------|
| DATE                            | TIME | DATE                        | TIME |
|                                 |      |                             |      |

### EXPENSES

| <u>ACCOMMODATION</u> Nature of expenses ( <i>Slips must be attached</i> ) | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i>         |                |

| <u>COST OF AIR TRAVEL</u> ( <i>Please attach flight ticket</i> ) |            |  |
|--|------------|--|
| Journey from   | Journey to |  |
|  |            |  |

| <u>COST OF TRAVELLING BY CAR</u> ( <i>Details of Journey</i> ) |    |                      |                            |                             |                        |        |
|--|----|----------------------|----------------------------|-----------------------------|------------------------|--------|
| From   | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | <u>OFFICE USE ONLY</u> |        |
|  |    |                      |                            |                             | Tariff                 | Amount |
|  |    |                      |                            |                             |                        |        |

.....  
SIGNATURE OF CLAIMANT

.....  
DATE

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**FOR OFFICE USE ONLY**

*Certified correct*

*Date*

*Approved*

*Date*

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### CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

Postal Code .....

Telephone number .....

Fax number .....

|  |
|--|
| <b>MEETING OF SUBGROUP 2 OF WORKING GROUP 1: 21 APRIL 1992</b><br><b>PARTY*/ORGANISATION*/ADMINISTRATION* .....</b><br><small>*Delete where not applicable</small> |
|--|

| <i>DEPARTURE FROM RESIDENCE</i> |      | <i>ARRIVAL AT RESIDENCE</i> |      |
|---------------------------------|------|-----------------------------|------|
| DATE                            | TIME | DATE                        | TIME |
|                                 |      |                             |      |

#### EXPENSES

|   |                |
|---|----------------|
| <b>ACCOMMODATION</b> Nature of expenses ( <i>Slips must be attached</i> ) | AMOUNT CLAIMED |
| <i>(Telephone, bar charges, room service and extras excluded)</i>         |                |

|  |            |  |
|--|------------|--|
| <b>COST OF AIR TRAVEL</b> ( <i>Please attach flight ticket</i> ) |            |  |
| Journey from   | Journey to |  |
|  |            |  |

| <b>COST OF TRAVELLING BY CAR</b> ( <i>Details of Journey</i> ) |    |                      |                            |                             |                        |        |
|--|----|----------------------|----------------------------|-----------------------------|------------------------|--------|
| From   | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | <b>OFFICE USE ONLY</b> |        |
|  |    |                      |                            |                             | Tariff                 | Amount |
|  |    |                      |                            |                             |                        |        |

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SIGNATURE OF CLAIMANT

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DATE

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*Certified correct*

*Date*

*Approved*

*Date*

# 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: 21 APRIL 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**

\*Delete where not applicable

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i>  | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i> |                |

| COST OF AIR TRAVEL <i>(Please attach flight ticket)</i> |            |  |
|---|------------|--|
| Journey from  | Journey to |  |
|   |            |  |

| COST OF TRAVELLING BY CAR <i>(Details of Journey)</i> |    |                      |                            |                             |                 |        |
|---|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
| From  | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|   |    |                      |                            |                             | Tariff          | Amount |
|   |    |                      |                            |                             |                 |        |

-----  
SIGNATURE OF CLAIMANT ..... DATE .....

-----  
**FOR OFFICE USE ONLY**

*Certified correct* ..... *Date* ..... *Approved* ..... *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 FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....

..... Postal Code .....

Telephone number ..... Fax number .....

**MEETING OF DAILY MANAGEMENT COMMITTEE: 21 APRIL 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**

\*Delete where not applicable

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i>  | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i> |                |

| COST OF AIR TRAVEL <i>(Please attach flight ticket)</i> |            |  |
|---|------------|--|
| Journey from  | Journey to |  |
|   |            |  |

| COST OF TRAVELLING BY CAR <i>(Details of Journey)</i> |    |                      |                            |                             |                 |        |
|---|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
| From  | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|   |    |                      |                            |                             | Tariff          | Amount |
|   |    |                      |                            |                             |                 |        |

-----  
SIGNATURE OF CLAIMANT ..... DATE .....

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**FOR OFFICE USE ONLY**

*Certified correct* ..... *Date* ..... *Approved* ..... *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 FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....

..... Postal Code .....

Telephone number ..... Fax number .....

|  |  |
|--|--|
| <b>MEETING OF WORKING GROUP 3: 21 APRIL 1992</b> |  |
| PARTY*/ORGANISATION*/ADMINISTRATION* .....       |  |
| *Delete where not applicable                     |  |

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i>  | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i> |                |

| COST OF AIR TRAVEL <i>(Please attach flight ticket)</i> |            |  |
|---|------------|--|
| Journey from  | Journey to |  |
|   |            |  |

| COST OF TRAVELLING BY CAR <i>(Details of Journey)</i> |    |                      |                            |                             |                 |        |
|---|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
| From  | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|   |    |                      |                            |                             | Tariff          | Amount |
|   |    |                      |                            |                             |                 |        |

-----

SIGNATURE OF CLAIMANT DATE

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**FOR OFFICE USE ONLY**

Certified correct Date Approved 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 FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....

..... Postal Code .....

Telephone number ..... Fax number .....

**MEETING OF GENDER ADVISORY COMMITTEE: 21 & 22 APRIL 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**

\*Delete where not applicable

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i>  | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i> |                |

| COST OF AIR TRAVEL <i>(Please attach flight ticket)</i> |            |  |
|---|------------|--|
| Journey from  | Journey to |  |
|   |            |  |

| COST OF TRAVELLING BY CAR <i>(Details of Journey)</i> |    |                      |                            |                             |                 |        |
|---|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
| From  | To | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|   |    |                      |                            |                             | Tariff          | Amount |
|   |    |                      |                            |                             |                 |        |

-----  
SIGNATURE OF CLAIMANT ..... DATE .....

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**FOR OFFICE USE ONLY**

*Certified correct* ..... *Date* ..... *Approved* ..... *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 FOR TRANSPORT AND SUBSISTENCE

Name of Claimant .....

Address .....

.....

..... Postal Code .....

Telephone number ..... Fax number .....

#### MEETING OF WORKING GROUP 4: 21 & 22 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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 | Kilometers travelled | Engine capacity of vehicle | Vehicle registration number | OFFICE USE ONLY |        |
|------|----|----------------------|----------------------------|-----------------------------|-----------------|--------|
|      |    |                      |                            |                             | Tariff          | Amount |
|      |    |                      |                            |                             |                 |        |

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SIGNATURE OF CLAIMANT

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DATE

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Date

Approved

Date

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## 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 WORKING GROUP 2: 27 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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



# 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 .....

**MEETING OF MANAGEMENT COMMITTEE: 27 APRIL 1992**

**PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....**

\*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

# 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 .....

#### MEETING OF WORKING GROUP 5: 27 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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 | <u>OFFICE ONLY</u><br>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

# 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 .....

#### MEETING OF WORKING GROUP 1: 27 & 28 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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

# 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 .....

#### MEETING OF WORKING GROUP 3: 27 & 28 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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

# 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 .....

#### MEETING OF WORKING GROUP 4: 27 & 28 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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 | <u>OFFICE ONLY</u><br>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

# 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 .....

|  |  |
|--|--|
| <b>MEETING OF DAILY MANAGEMENT COMMITTEE: 27 &amp; 28 APRIL 1992</b> |  |
| PARTY*/ORGANISATION*/ADMINISTRATION* .....                           |  |
| *Delete where not applicable   |  |

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

|   |                       |
|---|-----------------------|
| <b>ACCOMMODATION</b> Nature of expenses <i>(Slips must be attached)</i> | <b>AMOUNT CLAIMED</b> |
| <i>(Telephone, bar charges, room service and extras excluded)</i>       |                       |

|  |            |
|--|------------|
| <b>COST OF AIR TRAVEL</b> <i>(Please attach flight ticket)</i> |            |
| Journey from   | Journey to |
|  |            |

| <b>COST OF TRAVELLING BY CAR</b> <i>(Details of Journey)</i> |    |                 |                            |                             |                      |                                     |
|--|----|-----------------|----------------------------|-----------------------------|----------------------|-------------------------------------|
| From   | To | Make of vehicle | Engine capacity of vehicle | Vehicle registration number | Kilometers travelled | <b>OFFICE ONLY</b><br>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

# 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 .....

|   |  |
|---|--|
| <b>MEETING OF GENDER ADVISORY COMMITTEE: 27, 28 &amp; 29 APRIL 1992</b><br><b>PARTY*/ORGANISATION*/ADMINISTRATION* .....</b><br><small>*Delete where not applicable</small> |  |
|---|--|

| DEPARTURE FROM RESIDENCE |      | ARRIVAL AT RESIDENCE |      |
|--------------------------|------|----------------------|------|
| DATE                     | TIME | DATE                 | TIME |
|                          |      |                      |      |

### EXPENSES

| ACCOMMODATION Nature of expenses <i>(Slips must be attached)</i>  | AMOUNT CLAIMED |
|---|----------------|
| <i>(Telephone, bar charges, room service and extras excluded)</i> |                |

| COST OF AIR TRAVEL <i>(Please attach flight ticket)</i> |            |
|---|------------|
| Journey from  | Journey to |
|   |            |

| COST OF TRAVELLING BY CAR <i>(Details of Journey)</i> |    |                 |                            |                             |                      |             |        |
|---|----|-----------------|----------------------------|-----------------------------|----------------------|-------------|--------|
| 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

# 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 .....

#### MEETING OF SECURITY COMMITTEE: 28 APRIL 1992

PARTY\*/ORGANISATION\*/ADMINISTRATION\* .....

\*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