[1]

### Convention for a Democratic South Africa

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

CI AINA	EOD	TDANCDODT	AND	SUBSISTENCE
CLAIN	run	INANSPUNI	AND	SUDSISIEIVUL

Name of Claimant	
Address	

Postal Code

Telephone number \_\_\_\_\_ Fax number

PARTY*/OR *Delete where no	MEETING OF DA GANISATION*/Al t applicable						
DEPARTURE F	ROM RESIDENCE	ARRIVAL AT	RESIDENCE				
DATE	TIME	DATE	DATE TIME				
MAYON SALES & BARRISON STOCKA SALES AND A	2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	EXPE	INSES		er Sudden fortinnen einer Kanden Geschrifte	is crounde un and a many of a sec	
	<u>DATION</u> Nature o ar charges, room serv		AN	<i>tached)</i> MOUNT CLAIN	ЛЕD		
COST OF A Journey from	I <u>R TRAVEL</u> (Pleas J	e attach flight tid ourney to	cket)				
COST OF T	RAVELLING BY C	<u>AR</u> (Details of Jo	urney)				
From	То	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount	

SIGNATURE OF CLAIMANT			DATE	
FOR OFFICE USE ONLY				
Certified correct	Date	Approved	Date	

### Convention for a Democratic South Africa

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

<b>NSPORT A</b>	IND 20R21	STENCE
	<b>NSPORT A</b>	NSPORT AND SUBSI

Name of Claimant

Address

Postal Code

Telephone number \_\_\_\_\_ Fax number

PARTY*/OR *Delete where no	MEETING OF GE GANISATION*/AD at applicable						
DEPARTURE F	ROM RESIDENCE	ARRIVAL AT	RESIDENCE				
DATE	TIME	DATE	ווד	ME			
		EXPE	NSES				
8-82	<u>DATION</u> Nature of ar charges, room service		AN	<i>tached)</i> MOUNT CLAIN	ЛЕD		
COST OF A Journey from	IR TRAVEL (Please Jo	<i>attach flight tic</i> urney to	ket)				
COST OF T	RAVELLING BY CA	<u>R</u> (Details of Jo	urney)				
From	From To Kilometers Engine Vehicle OFFICE USE ONLY travelled capacity registration Tariff Amount						

SIGNATURE OF CLAIMANT			DATE	
FOR OFFICE USE ONLY				
Certified correct	Date	Approved	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

Name of Clair Address	nant					
Telephone nu		Fax	Postal Co	de 		-
PARTY*/OR	GANISATION*/A	OF WORKING GF DMINISTRATION				
DEPARTURE F	ROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	TI	ME		
	DATION Nature o	f expenses <i>(Slips</i>	A	<i>tached)</i> MOUNT CLAIN	ИED	
COST OF AI Journey from	R TRAVEL (Please J	e attach flight tic ourney to	:ket)			
COST OF TH	AVELLING BY C	<u>AR</u> (Details of Jo	urney)			
From	То	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount

SIGNATURE OF CLAIMAN		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 SUBGROUP 2 OF WORKING GROUP 1: 7 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) То Kilometers Engine Vehicle OFFICE USE ONLY From registration Tariff Amount travelled capacity of vehicle number

SIGNATURE OF CLAIMANT	DATE
FOR OFFICE USE ONLY	
Certified correct Date	Approved Date

Convention for a Democratic South Africa

CLAIM FOR TRANSPORT AND SUBSISTENCI
-------------------------------------

Name of Cla	imant					
Address						
Telephone n	umber		Fax nun	nber		
PARTY*/OF *Delete where no	MEETING OF GE RGANISATION*/AD ot applicable					
DEPARTURE	FROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE TIME DATE TIME						
		EXPE	NSES			
	DATION Nature of ar charges, room service			<i>tached)</i> MOUNT CLAIN	1ED	
COST OF A Journey from	NIR TRAVEL (Please Jo	<i>attach flight tic</i> urney to	ket)			
COST OF T	RAVELLING BY CA	R (Details of Jo	urney)			
From	То	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount

SIGNATURE OF CLAIMANT	DATE
FOR OFFICE USE ONLY	
Certified correct Date	Approved Date

Convention for a Democratic South Africa

CLAIM FOR TRANSPORT	AND SUBSISTENCE
---------------------	-----------------

	ant					
Address						
				Code		
elephone num	ber		Fax nur	nber		
	G OF TECHNICA ANISATION*/AD pplicable					
DEPARTURE FRO	OM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	TI	ME		
	and the second s	EXPE	NSES			
	ATION Nature of charges, room service		AN	<i>tached)</i> MOUNT CLAIN	1ED	
COST OF AIR Journey from	TRAVEL (Please Jo	<i>attach flight tic</i> urney to	eket)			
COST OF TRA	VELLING BY CA	<u>R</u> (Details of Jo	urney)			
From	To	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount

SIGNATURE OF CLAIMANT			DATE
FOR OFFICE USE ONLY			
Certified correct	Date	Approved	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**

Name of Clai Address	imant					
Telephone n						
PARTY*/OF *Delete where no	RGANISATION*/AD	OF WORKING OMINISTRATION				
DEPARTURE	FROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	ТІІ	ME		
		EXPE	NSES		2	
21.33	DATION Nature of ar charges, room service		AN	<i>tached)</i> MOUNT CLAIN	/IED	
COST OF A Journey from	<u>IR TRAVEL</u> (Please Jo	<i>attach flight tic</i> urney to	ket)			
COST OF T	RAVELLING BY CA	R (Details of Jo	urney)			
From	То	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount

SIGNATURE OF CLAIMANT	DATE
FOR OFFICE USE ONLY	
Certified correct Date	Approved Date

Convention for a Democratic South Africa

<b>CLAIM FOR TRANSPORT AND SUBSISTENCE</b>
--

	imant					
Address						
Telephone n	umber		Fax nur	nber		
PARTY*/O *Delete where n	MEETING OF SUBO RGANISATION */AD not applicable					
DEPARTURE	FROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	TI	ME		
3						
		a company				
	and the second	EXPE	NSES			
ACCOMMO	DDATION Nature of	expenses (Slips	must be at	<i>tached)</i> MOUNT CLAIN	1ED	
(Telephone, b	bar charges, room servid	ce and extras exclu				
	AIR TRAVEL (Please					
Journey from		ourney to				
COST OF 1	RAVELLING BY CA	R (Details of Jo	urney)			
From	To	Kilometers	Engine	Vehicle	OFFICE	USE ONLY
		travelled	capacity of vehicle	registration number	Tariff	Amount
	Contraction of the second		1-107.04			1911 - 52.00

SIGNATURE OF CLAIMANT	DATE
FOR OFFICE USE ONLY	
Certified correct Date	Approved 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 TRANSPORT</b>	AND SUBSISTENCE
----------------------------	-----------------

Name of Claimant

.....

Address

-----

----

cod74

Fax number

Postal Code \_\_\_\_\_

Telephone number \_\_\_\_\_

DEPARTURE	FROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	TIN	ИЕ		
		EXPE	NSES			
	DATION Nature o			NOUNT CLAIN	<b>NED</b>	
-	ar charges, room serv					
-	NR TRAVEL (Pleas					
COST OF A Journey from	NR TRAVEL (Pleas	e attach flight tic ourney to	eket)			

SIGNATURE OF CLAIMANT	DATE
FOR OFFICE USE ONLY	
Certified correct Date	Approved Date

Convention for a Democratic South Africa

CLAIM FOR TRANSPORT AND SUBSISTENCE	CL	AIM	FOR	TRANSPORT	AND	SUBSISTENCE
-------------------------------------	----	-----	-----	-----------	-----	-------------

ame of Clair ddress	nant					
elephone nu			Postal C			
-	MEETING OF SUB GANISATION*/A t applicable					
DEPARTURE F	ROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	TIN	ИЕ		
		EXPE	NSES			
	DATION Nature of an arrest of the service of the se		AN	<i>tached)</i> 10UNT CLAIN	/IED	
COST OF A Journey from	IR TRAVEL (Pleas	e attach flight tic lourney to	ket)			
COST OF T	RAVELLING BY C	<u>AR</u> (Details of Jo	urney)			
From To		Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount

SIGNATURE OF CLAIMANT	DATE			
FOR OFFICE USE ONLY				
Certified correct Date	Approved Date			

Convention for a Democratic South Africa

<b>CLAIM FOR TRANSPORT</b> A	AND SUBSISTENCE
------------------------------	-----------------

Name of Clai Address	imant					
Telephone n			Postal C	 Code nber		
PARTY*/OF *Delete where no	MEETING OF GE RGANISATION*/AD ot applicable					
DEPARTURE	FROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	TI	ME		
		EXPE	NSES		1.184	and the second
	DATION Nature of ar charges, room servic		AN	<i>tached)</i> MOUNT CLAIN	ЛЕD	
COST OF A Journey from	<u>NR TRAVEL</u> (Please Jo	attach flight tic urney to	:ket)			
COST OF T	RAVELLING BY CA	R (Details of Jo	urney)			
From	To	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount

SIGNATURE OF CLAIMANT	C	DATE
FOR OFFICE USE ONLY		
Certified correct Date	Approved	Date

Convention for a Democratic South Africa

<b>CLAIM FOR TRANSPORT</b>	AND SUBSISTENCE
----------------------------	-----------------

Address	mant	<u></u>				
elephone nu			Postal C			
	MEETING OF DAI			TTEE: 21 APP	RIL 1992	
DEPARTURE F	ROM RESIDENCE	ARRIVAL AT	RESIDENCE			
DATE	TIME	DATE	TIN	ME		
	DATION Nature of r charges, room servic		must be at	<i>tached)</i> MOUNT CLAIN	ЛЕD	
COST OF AI	I <u>R TRAVEL</u> (Please Jo	<i>attach flight tic</i> purney to	ket)			
COST OF TH	RAVELLING BY CA	<u>R</u> (Details of Jo	urney)			
From	То	Kilometers travelled	Engine capacity of vehicle	Vehicle registration number	OFFICE Tariff	USE ONLY Amount

SIGNATURE OF CLAIMANT	DATE				
FOR OFFICE USE ONLY					
Certified correct Date	Approved 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**

Name of Cla Address	imant				
Telephone n			Postal C	Code	
PARTY*/O	RGANISATION*/AD	OF WORKING O			
DEPARTURE	FROM RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	тіі	ME	
See.		EXPE	NSES		
	DATION Nature of		AN	<i>tached)</i> MOUNT CLAIN	ЛЕD
COST OF A Journey from	AIR TRAVEL (Please Jo	<i>attach flight tic</i> urney to	:ket)		
COST OF T	RAVELLING BY CA	<u>R</u> (Details of Jo	urney)		
From	To	Kilometers travelled			OFFICE USE ONLY Tariff Amount
Section States	The second s		A service and the service of the ser		

SIGNATURE OF CLAIMANT	DATE	
FOR OFFICE USE ONLY		
Certified correct Da	te Approved Date	

Convention for a Democratic South Africa

CLAIM FOR TRANSPORT AND SUBSISTENC	E
------------------------------------	---

Name of Clair Address	mant				
			Postal C	Code	
N	IEETING OF GEND GANISATION*/AD		COMMITTE	E: 21 & 22 A	
DEPARTURE F	ROM RESIDENCE	ARRIVAL AT	RESIDENCE		
DATE	TIME	DATE	TII	ME	
	1000 1000 1000 1000 1000 1000 1000 100	EXPE	NSES		
	DATION Nature of or charges, room service		AN	<i>tached)</i> MOUNT CLAIN	/IED
COST OF Al Journey from	I <u>R TRAVEL</u> (Please Jo	attach flight tic urney to	:ket)		
COST OF TH	AVELLING BY CA	<u>R</u> (Details of Jo	urney)		
From	То	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

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 TRANSPORT AND SUBSISTENCE</b>
--

Name of Claimant	·		
Address			
		Postal Code	

Telephone number \_\_\_\_\_

Postal Code \_\_\_\_\_

Fax number

PARTY*/OR *Delete where not	GANISATION*/AD	WORKING GRO						
DEPARTURE FI	ROM RESIDENCE	ARRIVAL AT	RESIDENCE					
DATE	TIME	DATE	DATE TIME					
		EXPE	NSES	N - F				
	DATION Nature of r charges, room service		AN	<i>tached)</i> MOUNT CLAIN	/IED			
COST OF AI Journey from	<u>R TRAVEL</u> (Please Jo	<i>attach flight tic</i> urney to	ket)					
COST OF TR	AVELLING BY CA	<u>R</u> (Details of Jo	urney)					
From	To	Kilometers Engine Vehicle OFFIC   travelled capacity registration Tariff   of vehicle number Tariff				USE ONLY Amount		

SIGNATURE OF CLAIMANT	DATE
FOR OFFICE USE ONLY	
Certified correct Date	Approved 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**

Name of Claimant

-----

Postal Code \_\_\_\_\_

Telephone number

Address

Fax number \_\_\_\_\_

PARTY*/ORG *Delete where not a	ANISATION*	NG OF WORKIN /ADMINISTRATI			IL 1992		
DEPARTURE FR	OM RESIDENCE	ARRIVAL	AT RESIDE	NCE			
DATE	TIME	DATE	DATE TIME		TIME		
		E	XPENSES				
		e of expenses (S service and extras e		be attached AMOUNT	U CLAIMED		
COST OF AIF Journey from	<u>RAVEL</u> (Pla	aase attach fligh Journey to	t ticket)				
COST OF TR	AVELLING BY	CAR (Details of	f Journey)				
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled		E ONLY Amount
						2	

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

### **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

-----

\_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone number

Address

Fax number

PARTY*/OR *Delete where not	GANISATION	OF MANAGEME */ADMINISTRAT				2	
DEPARTURE F	ROM RESIDENC	E ARRIVAL	AT RESIDE	VCE			
DATE	TIME	DATE	DATE TIME				
		E	XPENSES				
		re of expenses (S service and extras e		be attached AMOUN1	CLAIMED		
COST OF AI Journey from	<u>R TRAVEL</u> (PI	lease attach fligh Journey to	t ticket)				
COST OF TH	AVELLING B	Y CAR (Details of	f Journey)				
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount	
H 10					1117		

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

### 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

-----

------

Postal Code \_\_\_\_\_

Telephone number

Address

Fax number

PARTY*/OF *Delete where no	RGANISATION*	NG OF WORKIN /ADMINISTRAT				
DEPARTURE	FROM RESIDENCE	ARRIVAL	AT RESIDE	NCE		
DATE	TIME	DATE	ATE TIME			
		E	XPENSES			
		e of expenses (S ervice and extras e		be attached AMOUN	II CLAIMED	
COST OF A Journey from		ase attach fligh Journey to	t ticket)			
COST OF T	RAVELLING BY	CAR (Details of	f Journey)			
From	То	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

### **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

\_\_\_\_\_

\_\_\_\_\_

Postal Code

Telephone number \_\_\_\_\_

Address

Fax number

	FROM RESIDENCE	ARRIVAL	AT RESIDE	VCE		
DATE	TIME	DATE		TIME		
	1					
		E	XPENSES			1.1
	DATION Nature ar charges, room se			be attached AMOUNT	U CLAIMED	
COST OF A	<u>IR TRAVEL</u> (Plea	ase attach fligh Journey to	t ticket)			
COST OF T	RAVELLING BY	CAR (Details of	f Journey)			

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

### 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

------

-----

Postal Code \_\_\_\_\_

Telephone number \_\_\_\_\_

Address

Fax number \_\_\_\_\_

PARTY*/OF *Delete where no	RGANISATION*/A	F WORKING DMINISTRAT			PRIL 1992	
DEPARTURE	FROM RESIDENCE	ARRIVAL	AT RESIDE	VCE		
DATE	TIME	DATE	TIME			
		E	XPENSES	- P		
	DATION Nature o Par charges, room serv			<i>be attached</i> AMOUNT	V CLAIMED	
COST OF A Journey from	<u>AIR TRAVEL</u> (Pleas	e attach fligh ourney to	t ticket)			
COST OF T	RAVELLING BY C	<u>AR</u> (Details o	f Journey)			
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount
1	19					

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

### 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

PARTY */ORC *Delete where not a	GANISATION*/A	OF WORKING			APRIL 1992	2	
DEPARTURE FR	OM RESIDENCE	ARRIVAL	AT RESIDE	NCE			
DATE	TIME	DATE		TIME			
		E	XPENSES				
	ATION Nature of charges, room served			be attached AMOUN	// T CLAIMED	)	
COST OF AIR Journey from	TRAVEL (Pleas	e attach fligh lourney to	t ticket)				
COST OF TRA	AVELLING BY C	AR (Details o	f Journey)				
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled		E ONLY 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

### **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

\_\_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone number

Address

Fax number

All a second second second second	RGANISATION*	ILY MANAGEM							
DEPARTURE FROM RESIDENCE		ARRIVAL	ARRIVAL AT RESIDENCE						
DATE	TIME	DATE	DATE TIME						
	State 1								
		E	XPENSES						
	A States	e of expenses (S service and extras e		be attached AMOUN1	U CLAIMED				
COST OF A Journey from		ease attach fligh Journey to	t ticket)						
COST OF T	RAVELLING BY	CAR (Details of	f Journey)						
From	То	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled		Amount		
		n level and		- the	128				

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

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**

Name of Claimant

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Telephone number

Address

Fax number

	EETING OF GENDE RGANISATION*/AI ot applicable								
DEPARTURE FROM RESIDENCE		ARRIVAL	ARRIVAL AT RESIDENCE						
DATE	TIME	DATE TIME							
	n en formalis har forma de la companya de la company	E	XPENSES						
	DATION Nature of ar charges, room servi			<i>be attacheo</i> AMOUNT	I) F CLAIMED				
COST OF A Journey from	IR TRAVEL (Please Jo	e attach fligh ourney to	t ticket)						
COST OF T	RAVELLING BY CA	<u>\R</u> (Details o	f Journey)						
From	То	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

Date

Approved

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**

Name of Claimant

......

Postal Code

Telephone number \_\_\_\_\_

Address

Fax number

PARTY*/OR *Delete where no	GANISATION*	G OF SECURITY /ADMINISTRAT					
DEPARTURE FROM RESIDENCE ARRIVAL AT RESI		AT RESIDE	DENCE				
DATE	TIME	DATE		TIME			
				1. S.L.			
	14 - E	E	<b>XPENSES</b>		1.		
		e of expenses (S service and extras e		<i>be attached</i> AMOUNT	II CLAIMED	3	
COST OF A Journey from	IR TRAVEL (Pla	ease attach fligh Journey to	t ticket)				
COST OF T	RAVELLING BY	CAR (Details of	f Journey)				
From	To	Make of vehicle	Engine capacity of vehicle	Vehicle registration number	Kilometers travelled	OFFICE ONLY Tariff Amount	
						8	

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