

CODESA

Convention for a Democratic South Africa

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

CLAIM FOR TRANSPORT AND SUBSISTENCE

Name of Claimant -----
 Address -----

 ----- Postal Code -----
 Telephone number ----- Fax number -----

MEETING OF STEERING COMMITTEE*/TASK GROUP 1*/2*/3*/SECRETARIAT
 DATE:
 *Delete were not applicable

DEPARTURE FROM RESIDENCE		ARRIVAL AT RESIDENCE	
DATE	TIME	DATE	TIME

EXPENSES

<u>ACCOMMODATION</u> Nature of expenses (<i>Slips must be attached</i>) (<i>Telephone and bar charges excluded</i>)	AMOUNT CLAIMED

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

<u>COST OF TRAVELLING BY CAR</u> (Details of Journey)				<u>FOR OFFICE USE ONLY</u>	
Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

 SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE ONLY

Certified correct Date Approved Date