

**TRAVEL EXPENSES CLAIM FORM**

To be completed by traveller. (Please type or print)

Name of Traveller:		Index No:	Category:		
Reimbursement instructions	<input type="checkbox"/> Cheque to be picked up:	Your email address & phone no:		Accompanying Dependents:	NIL
	<input type="checkbox"/> Bank transfer to:	Bank name & account no:		Travel Procurement Order:	
		Address of bank:		Requisition ID :	
	<input type="checkbox"/> Cheque to be mailed to:	Your mail address:		Duty Station:	Kuala Lumpur Malaysia

CLAIM FOR EXPENDITURES US\$25 AND ABOVE MUST BE SUPPORTED BY A RECEIPT

DATE (d/m/y)	Attachment No.	DESCRIPTION OF EXPENSES	LOCAL CURRENCY	UN RATE OF EXCHANGE	APPROVED US\$ AMOUNT
		Ticket (If paid by traveller) – indicate itinerary			
		Telephone (Provide name/telephone number of person called/purpose)			
		Fax/Telex (Provide addressee & purpose of message)			
		Taxi (Excluding transport between airport & hotel or between hotel and one place of business)			
		Accompanied excess baggage			
		Passport Fee (); Visa Fee ()			
		Certificate of health (Consultants only)			
		Vaccination fees			
		Airport tax			
		Others (Please specify)			
Remarks:		Daily subsistence allowance (Please see reverse side)			
		Terminal allowance (Airport ←→ Hotel)			
		Total			
		Less: Advance paid			
		Balance due UNDP (If any)			
		Net Payment			

I claim the subsistence and terminal expenses in connection with the journey (as indicated on the reverse side hereof), which I certify to have been made as authorized. I certify that all amounts claimed either represent actual disbursements made by me or, if standard rates were applied, agree with my entitlements. I further certify that dependants indicated, actually travelled as shown.

Signature of Claimant: _____

Date: _____
(d/m/y)

This claim is in conformity with the journey as actually authorized. Payment of subsistence and/or transit allowances is approved for all official stopovers and necessary travel time reported by the Claimant on the reverse side, except as otherwise noted by me.

Name and Signature of Admin./Certifying Officer: _____

Date: _____
(d/m/y)

(Continued on next page)

TO BE COMPLETED BY TRAVELLER					TO BE COMPLETED BY TSU			COMMENTS REGARDING STOP-OVERS, DELAYS, FREE ACCOMMODATION PROVIDED BY GOVT., AIRLINE, UNDP OR OTHER AGENCIES.	
CITY AND COUNTRY OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE	HOUR*	INDICATE WHETHER UN OR GOVT. VEHICLE WAS MADE AVAILABLE AT DEPARTURE AND/OR ARRIVAL [YES or NO]	TERMINAL ALLOWANCE	NO OF DAY	DAILY SUBSISTENCE ALLOWANCE (DSA)		
		(d/m/y)					RATE PER DAY		AMOUNT IN US\$
DEP.:									
ARR.:									
Stop-over: Official <input type="checkbox"/> Personal <input type="checkbox"/>									
DEP.:									
ARR.:									
Stop-over: Official <input type="checkbox"/> Personal <input type="checkbox"/>									
DEP.:									
ARR.:									
Stop-over: Official <input type="checkbox"/> Personal <input type="checkbox"/>									
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Stop-over: Official <input type="checkbox"/> Personal <input type="checkbox"/>									
DEP.:									
ARR.:									
Stop-over: Official <input type="checkbox"/> Personal <input type="checkbox"/>									
NOTICE TO TRAVELLER: <i>*HOUR should indicate time of departure from or arrival at airports, piers or railroad stations</i>		Total Terminal Allowance:							
		Total Daily Subsistence Allowance (DSA):							
Remarks: Transportation expenses between airport and hotel are covered by terminal allowance, and between hotel and one place of business, by daily subsistence allowance.									