

TO BE COMPLETED BY CLAIMANT

PLEASE TYPE or PRINT: Extra sheets should be attached with full explanation of lengthy or involved travel. Submit a separate Form F.10 if eligible dependants have itineraries which differ from yours. Subsistence may be subject to a reduction after 60 days under Staff Rules.

Do you have eligible dependants residing with you at your official duty station? Yes No

ANNUAL LEAVE TO BE CHARGED:

_____DAYS

Remarks: List names and ages of dependants

For Use of Controller ONLY

CITY AND COUNTRY OF DEPARTURE AND ARRIVAL	MODE OF TRAVEL	DATE			HOUR*	Indicate whether UN or GOVT. vehicle was made available at DEP and/or ARR		COMMENTS OF ADM/CERTIFYING OFFICER REGARDING STOP-OVERS, DELAYS, ETC.
		D A Y	M O N T H	Y E A R		Yes	No	
DEP:						<input type="checkbox"/>	<input type="checkbox"/>	
ARR:						<input type="checkbox"/>	<input type="checkbox"/>	
	Official <input type="checkbox"/> Personal <input type="checkbox"/>							
DEP:						<input type="checkbox"/>	<input type="checkbox"/>	
ARR:						<input type="checkbox"/>	<input type="checkbox"/>	
	Official <input type="checkbox"/> Personal <input type="checkbox"/>							
DEP:						<input type="checkbox"/>	<input type="checkbox"/>	
ARR:						<input type="checkbox"/>	<input type="checkbox"/>	
	Official <input type="checkbox"/> Personal <input type="checkbox"/>							
DEP:						<input type="checkbox"/>	<input type="checkbox"/>	
ARR:						<input type="checkbox"/>	<input type="checkbox"/>	
	Official <input type="checkbox"/> Personal <input type="checkbox"/>							
DEP:						<input type="checkbox"/>	<input type="checkbox"/>	
ARR:						<input type="checkbox"/>	<input type="checkbox"/>	
	Official <input type="checkbox"/> Personal <input type="checkbox"/>							
DEP:						<input type="checkbox"/>	<input type="checkbox"/>	
ARR:						<input type="checkbox"/>	<input type="checkbox"/>	
	Official <input type="checkbox"/> Personal <input type="checkbox"/>							
DEP:						<input type="checkbox"/>	<input type="checkbox"/>	
ARR:						<input type="checkbox"/>	<input type="checkbox"/>	
	Official <input type="checkbox"/> Personal <input type="checkbox"/>							

*HOUR should indicate time of departure from or arrival at airports, piers or railroad stations. Any deviation from itinerary and standards of accommodation authorized by Form **PT.8** and any stop-over not authorized thereby must be supported by full explanation; otherwise your claim may be reduced.

NOTICE TO TRAVELLER: All receipts for transportation and excess baggage, used air transportation stubs and any unused transportation tickets and excess baggage coupons (MCO's) must be returned to the United Nations together with the original Travel Authorization (PT.8) and attached to the claim. The Laissez-Passer should be returned to the Purchase and Transportation Service upon completion of the travel.

REMARKS: (List here attached unused tickets by stating ticket Number and the route covered by the ticket.)

Total Travel Allowance in U.S.\$

Value of MCO's received: U.S.\$

Value of MCO's used: U.S.\$

BALANCE of MCO's to be Returned to the U.N.: U.S.\$

The balance of the MCO's is represented by the following coupon numbers: