

**F.10 VOUCHER FOR REIMBURSEMENT OF EXPENSES**

To be completed by Controller	Cheque No.	Examiner:	Currency:	Voucher No.:
Amount:	Bank No.	Approving Officer:	Country:	Date: 24/11/2015

**TO BE COMPLETED BY CLAIMANT (Please TYPE or PRINT)**

**This space to be filled in by HQ.**

PAYEE: **Juan PEREZ GONZALEZ** Nombre Completo INDEX #: **N00001234456**

Cheque to be

- Called for at CASHIER's office - Indicate your Tel. Ext.
- Mailed to following address:
- Mailed to following BANK A/C:  
AND  
Payee Advice to be mailed to:

*Coloque su Index si es Staff / SC o bien coloque IC, Invitado, Participante, etc.*

Duty Station: \_\_\_\_\_

Dept./Div. Or Office: \_\_\_\_\_

P.T.8 or MOD No.: \_\_\_\_\_

Account No. \_\_\_\_\_

DATE	At- tach- ment No.	DESCRIPTION OF EXPENSES Tickets purchased, Terminal expenses, Telegrammes, Taxis, Authorized excess baggage, etc.	LOCAL CURRENCY	EXCHANGE RATE	U.S.\$ EQUIVALENT	For Financial Services Approved Amount
10/11	3	Misión a Haití - Taller Cascos Azules 10 al 20 de Noviembre 2015 Tarjetas de embarque				
20/11	1	Impuestos de aeropuerto de salida 20 de Noviembre 2015	USD		20.-	
TOTAL TRAVEL ALLOWANCE (See REVERSE SIDE)						

*Detalles del viaje, lugar y fechas involucradas. Recuerde adjuntar las tarjetas de embarque.*

*En caso de gastos inesperados, colocar el detalle, moneda y monto. Recuerde adjuntar los comprobantes originales.*

**I claim the subsistence and terminal expenses in connexion with the journey (as indicated on the reverse side hereof), which I certify to have been made as authorized. I further certify that all expenses claimed represent actual disbursements made by me, and dependants indicated, actually travelled as shown.**

Signature of Claimant: **Juan PEREZ GONZALEZ** Date: **24/NOV/2015**

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.

TOTAL	<b>20</b>
LESS ADVANCES BALANCE DUE UN IF ANY .....	
NET PAYMENT	

- NO EXCEPTIONS       FINAL CLAIM

*Imprimir, firmar y colocar fecha actual. De preferencia se aceptan versiones electrónicas en PDF. Colocar el nombre y fecha reemplaza la firma de puño y letra.*

REVERSE  
Signature of  
Admin./Certifying  
Officer: \_\_\_\_\_ Date

GL Unit	Oper Unit	Department	Fund	Output	Activity	Implementing	Donor
UNDPI	CHL	49001	30071	78893	OPRS	001981	00012

GENERAL ACCOUNT	AMOUNT (U.S.\$) Dr. or Cr.*	ALLOTMENT ACCOUNT	LIQUIDATION AMOUNT	OBLIGATION DOCUMENT	DESCRIPTION/L.O.V
Total Debits	Total Credits				

*En caso de reembolsos inesperados colocar el COA al que se cargarán los gastos.*

*Enviar al Punto Focal del Proyecto en PNUD para el ingreso en el sistema y posterior certificación.*

\*Indicate by brackets

**Submit Claim**

**TO BE COMPLETED BY CLAIMANT**

ANNUAL LEAVE TO BE CHARGED:

**Remarks:** List names and ages of dependants

\_\_\_\_\_ DAYS

**For Use of Controller ONLY**

**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

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"/>							
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.)

<b>Total Travel Allowance in U.S.\$ .....</b>		
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:		