

CLAIM SUBMITTED BY PROF C F NOFFKE FOR TIME ALLOCTAED TO THE
INDEPENDENT MEDIA COMMISSION AND THE INDEPENDENT BROADCASTING
AUTHORITY BILLS DURING SESSIONS AT THE WORLD TRADE CENTRE.

PERSONAL DETAILS: ADDRESS: P O BOX 524
AUCKLAND PARK
2006

Income Tax Number: 2360/112/84/7

BANK: Volkskas Bank, Auckland Park. Account number 2840 590 545

Sincerely

C F Noffke

DUTY DATES AND TIME PERIODS INVOLVED:

MAY

18th 9.00-17.00

19th 9.00-17.00

20th 9.00-16.00 (at home)

21st 8.00-17.00

23rd 11.00-17.00 (at home)

25th 9.00-17.00

26th 11.00-18.00

27th 9.00-17.00

hours

hours

hours

hours

hours

hours

hours

hours total 61 hours

[JES W . e WV JEN Wo Moo

JUNE

10th 9.00-18.00:

11th 9.00-17.00:

16th 9.00-17.00:

17th 9.00-19.00:

18th 9.00-18.00:

hours

hours

hours

hours "

hours total 44 hours

A â\200\224

oo â\204ç o w

JULY

10th 8.00-17.00 - (at home)

11th 9.00-19.00 (at home)

12th 12.00-18.00 (at home)

14th 8.00-22.00 (at home)

19th 8.00-19.00

20th 9.00-18.00

21st 9.00-19.00

22nd 8.00-19.00

26th 9.00-18.00

27th 9.00-18.00

28th 9.00-18.00

29th 14.00-19.00

hours
hours
hours
hours
hours
hours
hours
hours
hours
hours
hours
hours
hours total 112 hours

MOVWOWâ\200\224_L0WVW=_2bhOOoV

AUGUST

2nd 8.00- 16.00 8 hours

3rd 12.00-18.00 6 hours

4th 9.00-18.00 9 hours

5th 9.00- 18.00 9 hours

13th 8.00- 18.00 - 10 hours

16th 20.00-23.00 (sSaBc) 3 hours

18th 9.00-18.00 9 hours

20th 8.00-16.00 8 hours

23rd 9.00- 16.00 7 hours

25th 8.00- 18.00 10 hours

27th 8.00- 20.00 12 hours

28th 8.00- 21.00 13 hours

29th 8.00- 20.00 12 hours

30th 8.00- 20.00 12 hours

31st 9.00- 22.00 14 hours total 142 hours

NOVEMBER

Amendments to Broadcasting Authority Act

18th 14.00-16.00 2 hours

23rd 12.00-14.00 2 hours total 4 hours

GRAND TOTALS

May 61 hours

June 44 hours

July . . 112 hours

August . 142 hours .

November : 4 hours TOTAL 363 hours

Signed -

s i g! Ã@â\200\230/c//â\200\234f

C F Noffke

November 24, 1993

gees

s

CLAIM SUBMITTED BY PROF C F NOFFKE FOR TIME ALLOCTAED TO THE
INDEPENDENT MEDIA COMMISSION AND THE INDEPENDENT BROADCASTING
AUTHORITY BILLS DURING SESSIONS AT THE WORLD TRADE CENTRE.

PERSONAL DETAILS: ADDRESS: P O BOX 524
AUCKLAND PARK
2006

Income Tax Number: 2360/112/84/7

'BANK: Volkskas Bank, Auckland Park. Account number 2840 590 545

Sincerely

47 (@//wo

C F Noffke

DUTY DATES AND TIME PERIODS INVOLVED:

"hours
hours
hours
hours
hours
hours
hours
hours total 61 hours

18th 9.00-17.00

19th 9.00-17.00

20th 9.00-16.00 (at home)

21st 8.00-17.00

23rd 11.00-17.00 (at home)

25th 9.00-17.00

26th 11.00-18.00

27th 9.00-17.00

[0S W e WV RN oWl

JUNE

10th 9.00-18.00:

11th 9.00-17.00:

16th 9.00-17.00:

1ith 9.00-19.00:

18th 9.00-18.00:

hours
hours
hours
hours
hours total 44 hours

oy
oo 0o

JULY

10th 8.00-17.00 (at home)

-11th 9.00-19.00 (at home)

12th 12.00-18.00 (at home)

14th 8.00-22.00 (at home)

19th 8.00-19.00

20th 9.00-18.00

21st 9.00-19.00

22nd 8.00-19.00

26th 9.00-18.00

27th 9.00-18.00

28th 9.00-18.00

29th 14.00-19.00

hours
hours
hours

hours
hours
hours
hours
hours
hours
hours
hours
hours total 112 hours

LMOVWOW-_20V=bBOOoV

AUGUST

2nd 8.00- 16.00

3rd 12.00-18.00

4th 9.00-18.00

5th 9.00- 18.00

13th 8.00- 18.00

16th 20.00-23.00 (sSAaBC)

18th .00-18.00

20th .00-16.00

23rd .00- 16.00

25th .00- 18.00

27th .00- 20.00

28th .00- 21.00 hours

29th .00- 20.00 hours

30th .00- 20.00 12 hours

31st .00- 22.00 14 hours total 142 hours

hours

hours

hours

hours

hours

hours

hours

hours

hours

hours

hours

224_

NOWOWWOoOWVWVOVWoO Â®

O 0000000000 WmÂ\204çY

- wlh el md

NDNWNNO

NOVEMBER

Amendments to Broadcasting Authority Act

18th 14.00-16.00 2 hours

23rd 12.00-14.00 2 hours total 4 hours

GRAND TOTALS

May

June

July

August

November : TOTAL 363 hours

Signed

LA leoflic

November 24, 1993

o

CLAIM SUBMITTED BY PROF C F NOFFKE FOR TIME ALLOCTAED TO THE
INDEPENDENT MEDIA COMMISSION AND THE INDEPENDENT . BROADCASTING
AUTHORITY BILLS DURING SESSIONS AT THE WORLD TRADE CENTRE.

PERSONAL DETAILS: ADDRESS: P O BOX 524
AUCKLAND PARK
2006

Income Tax Number: 2360/112/84/7

BANK: Volkskas Bank, Auckland Park. Account number 2840 590 545

Sincerely

C F Noffke

â\200\224_â\200\224â\200\224â\200\224â\200\224 e e e eeemâ\200\224â\200\224 =

MAY .

18th 9.00-17.00 8 hours

19th 9.00-17.00 8 hours

20th 9.00-16.00 (at home) 7 hours

21st 8.00-17.00 9 hours

23rd 11.00-17.00(at home) 6 hours

25th 9.00-17.00 8 hours

26th 11.00-18.00 7 hours

27th 9.00-17.00 8 hours total 61 hours

JUNE

10th 9.00-18.00: 9 hours

11th 9.00-17.00: 8 hours

16th 9.00-17.00: 8 hours

17th 9.00-19.00: 10 hours

18th 9.00-18.00: 9 hours total 44 hours

JULY

10th 8.00-17.00 (at home) 9 hours

11th 9.00-19.00 (at home) 10 hours

12th 12.00-18.00 (at home) 6 hours

14th 8.00-22.00 (at home) 14 hours

19th 8.00-19.00 11 hours

20th 9.00-18.00 9 hours

21st 9.00-19.00 10 hours

22nd 8.00-19.00 11 hours

26th 9.00-18.00 9 hours

27th 9.00-18.00 9 hours

'28th 9.00-18.00 9 hours

29th Â° 14.00-19.00 5 hours total 112 hours

AUGUST

2nd 8.00- 16.00 8 hours

3rd 12.00-18.00 6 hours

4th 9.00-18.00 9 hours

5th 9.00- 18.00 9 hours

13th 8.00- 18.00 10 hours

16th 20.00-23.00 (saAaBC) 3 hours

18th 9.00-18.00 : 9 hours

20th 8.00-16.00 8 hours

23rd 9.00- 16.00 7 hours

25th 8.00- 18.00 10 hours

27th 8.00- 20.00 12 hours

28th 8.00- 21.00 13 hours

29th 8.00- 20.00 12 hours

30th 8.00- 20.00 12 hours

31st 9.00- 22.00 14 hours total 142 hours

NOVEMBER

Amendments to Broadcasting Authority Act

18th 14.00-16.00 2 hours

23rd 12.00-14.00 2 hours total 4 hours

_.GRAND TOTALS

May 61 hours

June 44 hours

July 112 hours

August 142 hours

November 4 hours TOTAL 363 hours

Signed

//i~\201z; iz CL/O/QZ(g

C F Noffke

November 24, 1993

e

n3.

g{f\'l

Â® CLAIMFOR TRANSPORT AND SUBSISTENCE

from
Constitutional Development Service
PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 3972211

Name of Claimant

W\J.\ Af\\/\v\/uâ\200\235q'\ ;;\Â«r_1
-J

Address T 0. hex 2C 31y
B, _,,J\/u/w WL~ 2.
/_~
\] Postal Code 13 G SSRR T
Â» en O3 1AL
Telephone number__ =1 L2 PRATRY Fax number W%W\tq%/%

TECHNICAL COMMITTEE MEETING: 7., JONE 1995
WORLD TRADE CENTRE: des

qu:;NGâ\200\224A-Sâ\200\224-BEEEGA-TEâ\200\230#M ER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE
DATE TIME DATE TIME
EXPENSES
QCQMMQDATION Nature of expenses (Slips must be attach ed)
MOUNT CLAIMED
(Telephone, bar charges, rqom service and extras excluded)
L (Please attach Slight ucket)
Journey from Journey to MOUNT CLAIMED
COST OF TRAVELLING BY CAR (Details of Journey)
From Make of | Engine Vehicle Kilometers OFFICE ONLY
:]’N} /\N T & â\200\2314’, "5 vehicle capacity registration travelled Tarifq Amount
e ., A Fox (cc or liter) number 377 T
W â\200\231j) 3|1" jOC ,\4(,, P) Tlaz b bk
I hereby certify that the above information is correct and that no other claim has been sub

mitted for the above.
4 % e 193
T I
SIGNATURE OF CLAIMA DATE
MMAMQELALBQXMEAM R

Certified correct

Approved

Date

CLAIM FOR TRANSPORT AND SUBSISTENCE ~ Â©

Sfrom

Constitutional Development Service

PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

Name of Claimant C. b - NeFrue

Address A

P. â\202¬. Box S 2%

e Postal Code ~ _____ 2eccÃ©

Telephone number â\200\230 Fax number Ysq 2e 0 b

TECHNICAL COMMITTEE MEETING

WORLD TRADE CENTRE}' 19 MAY 1993

PARTY*/ORGANISATION*/ADMINISTRATION*.... 1 pcts persetet McCoe (oo

ACTING AS DELEGATE*/ ADVISER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE

DATE TIME DATE TIME

(O e : 5 , :

H 5 !.L;_â\200\230:â\200\234 { i % { q n'iaâ\200\230,l â\202¬iq3 19. cT

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 AMOUNT CLAIMED
COST OF TRAVELLING BY CAR (Details of Journey)
From To Make of | Engine Vehicle Kilometers | OFFICE ONLY
vehicle capacity registration travelled Tariff| Amount
(cc or liter) number

Aj r/\((/;. LLL[_'[_ 1/' (â\200\231-4&. Ã©:..' /â\200\230.â\200\230o N(L:â\200\230-((; 1Ã©c
c NFCG q)ï¬\201 â\200\230 et

I hereby certify that the above information is correct and that no other claim has been sub
mitted for the above.

et s a5 [a3

SIGNATURE OF CLAIMANT DATE
FOR OFFICE USE AMOUNT APPROVED FOR PAYMENT: R

Certified correct Date Approved Date

CLAIM FOR TRANSPORT AND SUBSISTENCE F
' Sfrom

Constitutional Development Service
PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

(e insileirree

Name of Claimant__ BB L)L ne

Savesnil | s L L Al i
f Q. . gâ\200\230f LT s
Aq,{_[/tu (tÂ»Acl /Tcua s Postal Code Z..Q(.â\200\231\.-.Ã©---
Telephone number 71 o e < L SR Fax number G g 2018

TECHNICAL COMMITTEE MEETING: V1 JUNE 1555
WORLD TRADE CENTRE

PARTY*/ORGANISATION*/ADMINISTRATION*.....se. .. i o
ACTING AS DELEGATE*/ ADVISER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE | ARRIVAL AT RESIDENCE
DATE TIME DATE TIME

l 6.3 q ct /643 P, o
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 AMOUNT CLAIMED

COST OF TRAVELLING BY CAR (Details of Journey)

From To Make of | Engine Vehicle Kilometers | OFFICE ONLY
7 i 2 e { ot vehicle capacity registration travelled Tariff| Amount
/ H /1/â\200\230/\d _L Sâ\200\231\ â\200\230// o ((â\200\230 (Vg .â\200\231L(YÃ© (cc or lit
er) number
/\,/.L-â\200\230v /\C (// deel 'Â»-'JL/),Ã©"cÂ»c_ 'â\200\224
/ /') /lvâ\200\230l{l i ,â\200\234 . /L) (,Y/d AUÂ«â\200\231 /// (L/a/l (; \- i A/,FC,% :
Northel. Jf leder |absc | Moo |9277. |10D

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

iy [

SIGNATURE OF CLAIMANT DATE
FOR OFFICE USE AMOUNT APPROVED FOR PAYMENT: R

Certified correct Date Approved Date

4 CLAIM FOR TRANSPORT AND SUBSISTENCE ol

Jrom
Constitutional Development Service

PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

Name of Claimant C.+F.- No FFE
Address Â» R At
Rov = S -+
Fâ\200\230(w el (eni Pm/- Postal Code 1006
Telephone number H4Âçq 2013 Fax number â\200\2344Â\$ - 201

TECHNICAL COMMITTEE MEETING
WORLD TRADE CENTRE: 19 MAY 1993

aâ\200\224

PARTY*/ORGANISATION*/ADMINISTRATION*.....| noâ\200\230?â\200\230wâ\200\230wâ\200\230m â
\200\234Lw\Ã@"â\200\231â\200\234** A
ACTING AS DEEEGATE*/ ADVISER*
DELETE WHERE NOT APPLICABLE
â\200\231

DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE
DATE TIME DATE TIME
:u!s,((g 0. b 2*â\200\231\'/@, 86 1L
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 AMOUNT CLAIMED
COST OF TRAVELLING BY CAR (Details of Journey)
From To Make of | Engine Vehicle Kilometers | OFFICE ONLY
vehicle capacity registration travelled Tariff| Amount
(cc or liter) number

er el drace| Mo e

N (Â¥ . CG
Nzr }L(i (/t W Qo Â¢ 2 COcee. e | 6T
Y.

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

@â\200\230 1 (o {a(,).1/ v] %2

: |

SIGNATURE OF CLAIMANT DATE !

FOR OFFICE USE AMOUNT APPROVED FOR PAYMENT: R

Certified correct Date Approved Date

P CLAIM FOR TRANSPORT AND SUBSISTENCE I
Constitutional gov':lopmem Service
PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

Name of Claimant Al F NE B Ewe
Address K_ A

0 Eow Sy
Aâ\200\224uu/k(xM A Postal Code 2-00 &
Telephone number____ SÂçS 2 01 Fax number ____Lf_â\200\230_â\200\230(___c_/_ 2o e

TECHNICAL COMMITTEE, 11 JUNE 1993
WORLD TRADE CENTRE:

PARTY*/ORGANISATION*/ADMINISTRATION*.....=5.....5.... M1
ACTING AS DELEGATE*/ ADVISER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE
DATE TIME DATE TIME
tb. 693 0.â\202¬0v 1b-6973 17 oo
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 e bl AMOUNT CLAIMED

Nedkde LGS | w v L*Ã@zg(z

COST OF TRAVELLING BY Q'AR (Details of Journey)

From To Make of | Engine Vehicle Kilometers FFICE ONLY
vehicle capacity registration | travelled Tariff| Amount
(cc or liter) number
}\(mâ\200\234\c//(Ap) o },w Mg ZD â\200\231\{FC.E (
2 g 260C | 2L E aly b i

1 hereby certify that the above information is correct and that no other claim has been submitted for the above.

Lol sl e 7b [45

SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE AMOUNT APPROVED FOR PAYMENT: R

Certified correct Date Approved Date

CLAIM FOR TRANSPORT AND SUBSISTENCE [~

from
Constitutional Development Service
PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

C. F. NÃ© FFUE
Name of Claimant

Address RA
0. Bex 52 Â¢
14 et lawit &r(Postal Code ____â\200\224_2._9.9-.{3.-
Telephone number____4-(Â¢ < 013 Fax number HEG RO

TECHNICAL COMMITTEE MEETING 0 JUNE 1993
WORLD TRADE CENTRE: e b "â\200\234â\200\230j ey
Aâ\200\231(/1, (uu(LA Fete

PARTY*/ORGANISATION*/ADMINISTRA TION"fmc(/L wliad. .. TE NS . DA ho |1
ACTING AS DELEGATE*/'ADVASER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE | ARRIVAL AT RESIDENCE
DATE TIME

DATE TIME
oF 0% F [4.)/&2â\200\2306
5. 60 3.6.93 /Ã©,:ï¬\201;O-

Jo. b-f3

EXPENSES

e â\200\224

ACCOMMODATION Nature of expenses (Sltps must be attached)
AMOUNT CLAIMED

(Telephone, bar charges, room service and extras excluded)

COST OF AIR TRAVEL (Please attach flight ticket)
AMOUNT CLAIMED

Journey from Journey to

COST OF TRAVELLING BY CAR (Details of Journey)

To Make of | Engine Vehicle Kilometers | OFFICE ONLY
. J\r | vehicle capacity registration | travelled Tariff] Amount
WOW I ol Merc (cc or liter) numbe

NocFhe (L o A
43 L/H [Lguh/h(/ 260 Â£ |26Ge0 2;{7 4 (e

From

1 hereby certify that the above information is correct and that no other claim has been sub
mitted for the above.

. Lol 30 /5/99

SIGNATURE OF &AIMANT . DA'I(E

WAWW R j

Approved Date

Certified correct Date

-

MULTI-PARTY NEGOTIATING PROCESS
Tel (011) 397-1198 Fax (011) 397-2211

REGISTRATION FORM FOR DAILY ALLOWANCE: TECHNICAL
COMMITTEES

Q F. NoFFHKe

NAME: s I T N T I R
ADDBBESE ! vais s binis s SRR
..... PO B s e L
i Auck lank, Fark...
..... Ka0Q 6 ...Postal Code.....s
Telephone Number ... Q1 47"? . 5 35 7 . (H)
B T ZOL3 .. (W)
Fax Number i Olr, HEq .22 ...

= ,zd,Ã©'/)eÃ©cÃ©Ã©â\200\230,Jâ\200\230 _Br.mu(cacsF /â\200\224'\j (.â\200\2302')4(,(,Ã«
Member of Technical Committee 'Eu' (;eâ\200\230/x%; (&vlf 7elecowm, Autheds

Income Tax Reference Number 2 3((/;0 ///-2 /octf /.7

Name of Employer Rawp AFRIKAANS U/ ver S ity

Address of Employer 2 o Reyx 5 Q%

/*7 et Mecned f? 73 â\200\224&

Telephone Number <9 Â«Â¢/3 Fax Number HEG 201

Signature of Applicant /Ã© /77 /(_ ,67 leÂ¢e Date 30. 6. g 3

Â« /(0%'44 e

i k//\C:l i¬\202g_b?â\200\230/agk 43/ /f'f fee X /DM//)deg /"0%

inC ok e el /Yâ\200\230mn Ha .

i

@ MULTI-PARTY NEGOTIATING PROCESS
Tel (011) 397-1198. Fax (011) 397-2211

CLAIM FOR HOURS WORKED ON TECHNICAL COMMITTEE KM/ A TA
NAME: O (o FFae
/}i~\202. L BN BN]

ADDRESS: ALE ey @.;I?p.x. .5.025{:

/â\200\235c_(, (./â\200\230:Â» Al ' ; ('.'1_. LN pOSTAL CODE .Jv QQOO Ã©o .

9 9 9 0 0 0 0 00 000

Telephone Number :Â¥{Â¢.%f./e3..v0. (W) G TESS s (H)

The following hours were worked to do preparatory work
for the proceedings of the committee. Loss of income is
supported by the attached documentation.

DATE TIME COMi~\201ENCED TIME RETIRED HOURS WORKED
2eÂ¢.5. 493 fo6. 0 (T 00 7
23.5.93 2. Â¢ /g 00 {;
3.5.93 | 4. o0 /7 eT b
4i~\201Â\$4?3 /Â¥ et 23 co -4
TOTAL OF HOURS WORKED KX &

& leffle
DATE: % 6 /77Z/

Certified by the convenor of the Technical Committee as
being correct. 3

DATE:
HOURS WORKED HOUR : R
FOR OFFICE USE RKED @ PER HOUR
TAXATION
TOTAL DUE TO APPLICANT R

Certified Correct Date Approved Date

CLAIM FOR TRANSPORT AND SUBSISTENCE

Sfrom
Constitutional Development Service
PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

Name of Claimant 1 No FFK
Address R At
F 0 Bex Say
Ao chelizs. Pk Postal Code
Telephone number_____ 4Â\$54 2 Â© |3 Fax number JMEq 2018

TECHNICAL COMMITTEE MEETING:> %} @bï¬\202%â\200\230â\200\224â\200\235
WORLD TRADE CENTRE 1992,

PARTY*/ORGANISATION*/ADMINISTRATION* =
ACTING AS DELEGATE*/ ADVISER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE
DATE TIME DATE TIME

QoS\$-q3 | fe.cv. 20-5.93 i7.e0Â@

EXPENSES

ACCOMMODATION Nature of expenses (Slips must be attached)
AMOUNT CLAIM

(Telephone, bar charges, room service and extras excluded)

COST OF AIR TRAVEL (Please attach flight ticket)
Journey from Journey to AMOUNT CLAIMED

/â\200\231/

=

/,...,

COST OF TRAVELLING BY QAB (Detatls of Journey)

From _~~ | Make of | Engine Vehicle Kilometers FFICE ONLY
vehicle capacity registration | travelled Tariff] Amount
(cc or liter) number

I hereby certify that the above information is correct and that no other claim has been sub
mitted for the above.

A s [[le [& g

SIGNATURE OF CLAIMANT DATE
FOR OFFICE USE AMOUNT APPROVED FOR PAYMENT: R

Certified correct Date Approved

CLAIM FOR TRANSPORT AND SUBSISTENCE

Sfrom
Constitutional Development Service
PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

A

Name of Claimant Q*F N 0 il
Address ./& s (/} Il

Vo0 Py |31

)i b st Fa/ts_ Postal Code 2oet
Telephone number__ (Â£ 20 13 Fax number Heq 2018

TECHNICAL COMMITTEE MEETING, O TONE 1553
WORLD TRADE CENTRE:2% 05 a2, (M

PARTY*/ORGANISATION*/ADMINISTRATION*... A= M (i SHETAF PP 1 S LSS BB APV S
ACTING AS DELEGATE*/ ADVISER*

DELETE WHERE NOT APPLICABLE

W N K a;\i¬\201 4 hene
DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE ey KC el sl L
DATE TIME DATE TIME
23,â\200\230&7â\200\230613. i2.60. 23 Â£.43 (g, oo
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 OUNT CLAIMED
./"â\200\230//J
COST OF TRAVELLING BY C AR (Details of Journey)
From To Make of | Engine Vehicle Kilometers | OFFICE ONLY
/ il vehicle capacity registration travelled Tariff| Amount
vl (cc or liter) number

rd
P

/.
P

1 hereby certify that the above information is correct and that no other claim has been sub
mitted for the above.

&1 Lol L faz

SIGNATURE OF CLAIMANT 'DATE
T AP R PA i R

Certified correct Date Approved Date

CLAIM FOR TRANSPORT AND SUBSISTENCE

Sfrom
Constitutional Development Service
PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211

o

Name of Claimant . Nes FEkc
Address K A-th
P o Rox S 24
Ao bl Bork Postal Code
Telephone number_4%\$<{~ 20> Fax number 30044494 2 B, e
TECHNICAL COMMITTEE MEETING 9T JORE 1993
WORLD TRADE CENTRE:

PARTY*/ORGANISATION*/ADMINISTRATION*
ACTING AS DELEGATE*/ ADVISER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE wCSâ\200\234/ k fn g < Â¥ hd"â\200\234"
DATE TIME TIME on 61@0â\200\224(AL t=i MkÃ@â\200\231c
10 e R

< EW- _
&o;i¬\201.q% . e %.5- % o= i7.e0

EXPENSES

ACCOMMODATION Nature of expenses (Slips must be attached)
AMOU CLAIMED

(Telephone, bar charges, room service and extras excluded)

COST OF AIR TRAVEL (Please attach flight ticket
Journey from Journey to AMOUNT CLAIMED

COST OF TRAVELLING BY:QA (Details of Journey)

From	To	Make of	Engine	Vehicle	Kilometers	OFFICE ONLY
vehicle capacity	registration	travelled	Tariff	Amount		
(cc or liter)	number					

P

v

I hereby certify that the above information is correct and that no other claim has been submitted for the above.

P & [as
SIGNATURE OF CLAIMANT DATE
FOR OFFICE USE AM T APPROVED FOR PAYMENT: R

Certified correct Approved