

@ TASK FORCE ON SPRs
Claim for Hours Worked to do Preparatory Work

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nsasusseses
ADDRESS: ' . . cristhasersniyinsviaminmmis st r it s s S AR Ee e RSN SRR RS
POSTAL CODE: ...cccoveveeerereccccccccncnccecssnes
TELEPHONE NUMBER (W): ...ccciniiiiiiieniciecresincnneenenens) issivesinsisenennncsniini
DATE TIME TIME HOURS WORKED
COMMENCED RETIRED
Total of hours worked
CLAIMANT
DATE: .coovveeerereecencncececcess

Claim certified correct

Â® TASK FORCE ON SPRs
 Claim for the Attending of Meetings and Hearings

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 beensssoss

TELEPHONE NUMBER (W) .cciiieieiieiiiiinieinenecenanenenes (H)

DATE MEETING

Total of hours worked

CLAIM CERTIFIED CORRECT

SECRETARY: ...cccccccecencerinnncnnanens

Â® COMMISSION ON REGIONS
 Claim for Hours Worked: Technical Supply Staff to the Commission
 on Regions
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 TELEPHONE NUMBER (W) .oiiiiiiiicirccir i ceneaes (H) ' snspssionnisansanssssansa

The followmg hours were worked to do preparatory work for the proceedmgs of the
 committee.

DATE TIME TIME HOURS WORKED
 COMMENCED RETIRED

Total of hours worked.

CLAIMANT
 DATE: i voivmnssnwnnnihss FOR OFFICE USE ONLY
 Total of Hours: .eeveiriiiiiiiieeneenencnnnnnns
 Claim certified correct N %1 ; -~ KUV Je A L Y e T
 AMOoUNT: ieeiiiiiiirecssecssscsnnnnnns
 SECRETARY: ..vveveeeveneeanns Certified Correct
 Date:: 7 . . L seitasstsessascesnnasesstieesses
 DATE: ...covsinrmessssinsnsnissse Payment approved
 Date: . = | | | ciisssssvesasessaissssnesivassnnie

CLAIM FOR TRANSPORT AND SUBSISTENCE

Jrom
Constitutional Development Service
â\200\230 PO Box 307, Isando, 1600 ** Telephone (011) 397-1198 Fax (011) 397 2211
Name of Claimant
Address
Postal Code e
Telephone number Fax number
COMMISSION ON DEMARCATIONS OF REGIONS 1> OCTUBERâ\204çYS
WORLD TRADE CENTRE:

PARTY*/ORGANISATION*/ADMINISTRATIONÂ¥.....cccvviviiniiniinninnenn,
ACTING AS DELEGATE*/ ADVISER*

DELETE WHERE NOT APPLICABLE

DEPARTURE FROM RESIDENCE ARRIVAL AT RESIDENCE
DATE TIME DATE TIME
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

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

SIGNATURE OF CLAIMANT DATE

FOR OFFICE USE AMOUNT APPROVED FOR PAYMENT: R

Certified correct Date Approved Date