**Contractor’s Travel Reimbursement Claim Form**

APEC Project No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Reason for travel: (*give details*) |

I have completed the travel activity assigned to me for the project and would like to send my claims for reimbursement as follows:

a**. Travel** (Business class travel may be approved when travel exceeds 12 hours from airport to airport but is also subject to budget availability.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Locality | Departure Time | Arrival Time | Service/ Flight No | Class | Fare |
| Departure | Arrival | Date | Time | Date | Time |
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|  Total Fare |   US$ |
| *Include details of hire car requirements* |
| **Documents required**: Evidence of actual cost incurred eg: Airfare invoice, e-ticket receipt, inter-city car hire receipt, inter-city train ticket receipt |

1. **Per Diem** (non-accountable 100% of the prevailing UN per diem rate or approved project per diem rate (whichever is lower and/or subject to availability of fund) which *covers your hotel accommodation,  meals  and   incidentals like laundry, land transfers,  travel insurance,  airport departure taxes,  travel visa application,  bank charges   and   expenses  incurred  in the reimbursement process).*

Period: From the day before the commencement of the event or the day of arrival (whichever is later), until the last day of the project event or the date of departure (whichever is earlier).

The Per Diem rate can be referred at <http://apps.who.int/bfi/tsy/PerDiem.aspx>

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| --- | --- | --- | --- | --- |
| Locality | No of days | Per diem Rate (based on UN rate) | Amount in US$ | Remarks (if any) |
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|  Total Per diem   |    |

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| *Please remit the total claimed amount of US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the details indicated below:* |
| Name of Account Holder |  |
| Bank name |  |
| Bank branch and address  |  |
| Account number |  |
| Bank code/SWIFT/ABA/IBAN |  |

Signature of Contractor:

………………………… ……………………………. ……………………

Name Signature Date

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| **For PO’s certification**I hereby certify that the contractor has completed the above travel activity and the supporting documents stating the actual cost incurred are correct for paymentSignature of the Project Overseer………………………… ……………………………. ……………………Name Signature Date |