UNITED NATIONS NATIONS UNIES

TRAVEL AUTHORIZATION

This is to authorize the traveller(s) to undertake the travel described below in accordance with the itinerary and authorized entitlements.

1. ADMIN. OFFICER/ASST.

Room No. _____ Ext. _____

2. AUTHORIZATION NO.

YEAR	TYPE	SERIAL NO.
1991		STGO-167/91

3. NAME & INDEX NO.: SERGIO VODANOVIC

4. TITLE & GRADE:

5. NATIONALITY: CHILEAN

6. OFFICIAL DUTY STATION: SANTIAGO, CHILE

7. NAME OF ACCOMPANYING DEPENDANTS | RELATIONSHIP | BIRTH DATES OF CHILDREN (DAY, MO., YEAR)

8. Traveller to be contacted at:

Room No. _____ Ext. _____

Home Address: _____

Phone No. _____

9. **PURPOSE OF TRAVEL** (If Home Leave, Family Visit or Education Grant, indicate city of entitlement):

Attend "Taller de Escritores de Telenovelas para América Latina y El Caribe" organized by the Regional and Brazil Offices

10. **AUTHORIZED BAGGAGE & EFFECTS**

Traveller must pay all costs in excess of entitlements given below:

ACCOMPANIED EXCESS BAGGAGE:

Air: _____

UNACCOMPANIED SHIPMENTS:

Surface-Volume: _____

and/or Weight: _____

OR Air Freight–Weight: _____

INSURANCE COVERAGE (Unaccompanied shipments only): Maximum entitlement is:

US$ value: _____

The traveller must submit an itemized and valued inventory for this purpose and list articles of special value separately. If inventory includes items of special value or exceeds entitlement, traveller must submit a signed statement agreeing to pay the extra premium in order to obtain full coverage.

NOTE: Shipments in connection with home leave, family visits or education grant travel are not insured by the United Nations.

11. **ITINERARY, MODE(S) OF TRAVEL AND STANDARDS OF ACCOMMODATION** (by Air Economy Class unless otherwise indicated): **N.B.**—Connecting points or rest stopovers, if any, should not be included in 11(a).

a) Itinerary authorized: (Departure Date 18 November 1991 Return Date 22 November 1991)

Santiago / Río de Janeiro / Santiago

b) Itinerary requested by Traveller: (Departure Date _____ Return Date _____)

12. **SPECIAL INSTRUCTIONS:**

13. **TRAVEL ADVANCE AUTHORIZED:** $480.=

Includes amount requested by travellers for excess baggage: Yes ☐ No ☐

15. Certifying Officer:

Signature: [signature]

Name: Victoria Rosenblitt

Title: Assist Admin/Fin Officer

Date: 8 Nov 91 Dept. _____

Allot. TAC/027, RA610, 01-A06

Acct. PBA GI/91/67353/1

No(s): CCF-91/1701

FOR USE BY THE OFFICE OF THE CONTROLLER

Kristina Gonçalves
Area Representative 8 Nov 91

SALES RECEIPT, IOV OR DV NO.	TYPE OF SERVICES RENDERED	DATE	AMOUNTS PAID EXPENDED	AMOUNTS PAID LIQUIDATED	BALANCES OF UNLIQUIDATED OBLIGATIONS

For use by EXECUTIVE OFFICES and ACCOUNTS DIVISION

18. **ESTIMATED COSTS TO THE U.N.**

1. Excess Baggage	
2. Household & P.E.	
3. Terminal	96.00
4. Transit	
5. Subsistence	572.00
6. Miscellaneous	30.00
7. Transportation	
8. Transportation	665.00
9. Transportation	
ESTIMATED TOTAL	1,263.00

NOTE: Estimates are for internal purposes only and do not necessarily represent the amounts to which the traveller is entitled.

19. **OBLIGATION RECORDING DATE:**

PV 1112
US$

4TH COPY - TO TRAVEL CLAIMS, ACCOUNTS DIVISION

PT 8 (6-85)