

FSD 70 Travel Certification Form for FSD 50.02 (VTA) (deferred 15.03)

Employee Surname: _____ Given Name: _____

Mission: _____ Date: _____

Date of authority: _____

Traveller	Travel dates and destination (HQ city)	Total expenses per traveller (details per trip e.g. transportation, meals, accom. etc...)	Amount of allowance received per traveller	Amount to certify for each traveller (75% of the allowance)	Amount to recover (if any)

DECLARATION OF EMPLOYEE

- I hereby certify that the above information correctly describes travel undertaken in accordance with FSD 50.02.
- I acknowledge that benefits claimed under false pretences will be recovered and I will be subject to disciplinary action.
- I acknowledge that this report will be used as the basis of any subsequent verification or audit.
- I acknowledge that I must retain proof of travel to support the travel indicated in this report for a period of seven (7) years.

Employee's signature: _____

Date: _____

Verified by
Deputy Head: _____

Date: _____