## United Nations Development Programme

# 

# Certification of Payment

**1. For Personnel use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Contract No.: |  |
| Project Number: |  | | | Fee: (per diem) |  |
| Project Title: |  | | | Duration: |  |
| Starting Date: |  | Expiry date: |  | Expected number of work days per week: |  |
| Nationality: |  | | | Vendor No.: |  |
| Allotment Number(s): |  | | | Index no.: |  |
| MOD Number(s): |  | | | | |

**2. To be completed by the subscriber**

Please type or print and **mail original and first and second copies**, along with your travel claim upon completion of travel,

to: United Nations Development Programme, One United Nations Plaza, New York, NY 10017.

|  |  |  |  |
| --- | --- | --- | --- |
| **Attention:** *(Finance Officer)* |  | **Room No.:** |  |

I certify that the dates indicated below are an accurate account of the services and duties performed under the terms of this contract.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Countries visited | Dates worked | | No. of days worked | Total Payable |
|  | From | To |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please note that payment will be made in the currency of the subscriber's usual residence, unless otherwise indicated in Article

3 of the Individual Contract, or paragraph 3 of the Reimbursable Loan Agreement. Payments in currency other than the US dollar will be

made at the UN operational rate of exchange in effect at the time payment is made. Bank charges related to payment will be borne

by the subscriber.

Please make payment as indicated below:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Bank: | |  | | Account title: | | |  | |
| Address: |  | | | Account number: | | |  | |
|  |  | | | Social Security or Tax Identification No.:  (if applicable) | | | |  |
| Currency of Account: | | |  |  | | | |  |
| Signature: |  | | | | Date: |  | | |

**3. To be completed by Area/Requesting Officer**

Please check appropriate box Final report accepted  Assessment sheet attached:

Final report not accepted  Second Assessment to be added:

I certify that the work was satisfactorily performed during the above mentioned dates.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name:

**4. To be completed by the Certifying Officer**

|  |  |  |
| --- | --- | --- |
| Please process the payment of |  | to the subscriber in accordance with the payment instructions given above. |

Travel Claim received

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Certifying Officer |  | Certifying Bureau/Division |  | Date |  |