RELOCATION GRANT

Staff Member Attestation

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| --- | --- | --- | --- |
| Name *(please print full name)*: |  | Index No: |  |

I hereby agree to the conditions of the relocation grant, as stipulated in the circular on Expatriate Entitlement Reforms: monetization of official travel. Under this arrangement, and by accepting the lump sum relocation grant, I accept full responsibility for reestablishing my household at the new duty station including any and all shipping of personal effects. Any and all costs related to such shipments, including insurance, recovery for loss or damage, customs or fees, would be my responsibility solely. Furthermore, the organization will not be responsible for any further payments related to relocation (other than travel) resulting from any change in my dependency status that may occur during the course of this assignment. By accepting the lump sum payment, I waive my normal shipping entitlement for my reassignment from:       to       , scheduled for (date):

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
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**United Nations Development Programme**

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