



ADRA

ADVENTIST DEVELOPMENT  
AND RELIEF AGENCY  
RWANDA

ORDER OF MISSION

DATE: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Vehicle's Reg. # \_\_\_\_\_

ADRA-Rwanda certify that the following personnel;

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

Are on an official Mission from: \_\_\_\_\_ to: \_\_\_\_\_

Purpose of the trip:

\_\_\_\_\_  
\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Time: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_ Total: \_\_\_\_\_  
Days Hrs

Approved by: \_\_\_\_\_  
Name (PM/Dept. Head) Signature Date

Trip's purposes completed with: \_\_\_\_\_  
Signature Date

HR & Finance Use Only: Perdiem

#	Name	Position	# of days	Rate	Cost	# Accommodation	Rate	Cost	Transport	Total Amount FRW
1										
2										
3										
4										
5										
6										
Grand Total										

Authorized by: \_\_\_\_\_  
Name (HR Officer) Signature Date



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