



OFFICE OF HUMAN RESOURCES MANAGEMENT
 HUMAN RESOURCES POLICY SERVICE
 CONDITIONS OF SERVICE SECTION

Control Number:

CONFIDENTIAL

SECTION 3

SURVEY OF MISSION SUBSISTENCE ALLOWANCE (MSA)

1. The Conditions of Service Section, Office of Human Resources Management (CSS/OHRM), is conducting a survey for the purpose of calculating the rate of Mission Subsistence Allowance (MSA). All personnel who are currently in receipt of MSA should complete this survey questionnaire.
2. To enable CSS/OHRM to establish an appropriate MSA for the mission, you are kindly requested to complete the questionnaire as accurately and fully as possible. The information will be used solely for the purpose of calculating the MSA rate and will be treated strictly on a confidential basis.
3. All information submitted should at all times be available for corroboration. Any additional information, which you may consider useful for interpreting the data, may be entered under "Remarks".
4. Please note that this is not an all-inclusive expenditure questionnaire. It covers only expenditures for board, lodging and incidental expenses (e.g., laundry, toiletries, local transportation etc.) incurred at the duty station in connection with assignment of short to medium-term duration.

Survey month:	Organization:
Duty Station:	

Last Name:	First Name:
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Residential address at duty station:

A. GENERAL INFORMATION

1. Category (check as appropriate):	a. - International Staff (Grade/step _____) b. - Military Observer c. - Civilian Police d. - Other (specify)
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2. Date of arrival at duty station:	Month	Year
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3. Number of persons (including yourself) living in your household at the duty station.	Number of persons:	
	Age 18 years and over:	
	Under 18 years of age:	
	Live-in domestic help:	

B. HOUSING AND DOMESTIC SERVICE COST

4. Date moved to present dwelling:	Month	Year
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5. Accommodation (check as appropriate):	
5.1 Type of residence	a. Hotel b. Boarding House c. House d. Apartment

5.2 Accommodation rented from?	a. Commercial/private individual b. Government or related institution c. United Nations or UN agencies d. Other (please specify)
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5.3 Furnished or unfurnished	a. Furnished b. Unfurnished c. Partly furnished
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5.4 Term of lease:	Number of months:	
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6. Number of bedrooms (check as appropriate):	
	a. Studio/One bedroom b. Two bedrooms c. Three bedrooms d. Four bedrooms +

7. Is accommodation shared with others? (check as appropriate)	a. Yes
	b. No

8. Housing costs (give MONTHLY cost): If you are sharing accommodation, please enter only the actual amount paid by you and indicate "shared".

	Amount	Currency
8.1 Rent (excluding utilities)		
8.2 Apportioned cost/maintenance charges		
8.3 Utilities (monthly average summer/winter)		
Electricity		
Gas		
Water		
Heating		
Garbage collection		
Telephone (line rental only)		
Other (please specify)		
8.4 Government taxes and compulsory insurance related to dwelling		

9. Basic appliance/furniture: if accommodation is rented unfurnished or partially furnished, please indicate the expenditures paid by you since moving to the present dwelling.

	Amount	Currency
Refrigerator		
Cooking stove		
Washing machine		
Dining table, chairs		
Bed		
Other(specify)		

10. Domestic service (give MONTHLY cost)
If you are sharing any of the services, please enter the actual amount paid by you and indicate "shared".

	Number	Amount	Currency
10.1 Maid(s)			
10.2 Cook(s)			
10.3 Security guard(s) (If security costs are partly reimbursed by the organization, please indicate only amount paid by you).			
10.4 Other (please specify)			

11. Other housing expenditures already incurred since moving to the present dwelling.

	Amount	Currency
11.1 Broker's fee		
11.2 Repainting/minor repairs		
11.3 Improvements (major repairs, structural changes etc. to make dwelling habitable)		
11.4 Other (please specify)		

C. FOOD, BEVERAGE AND MISCELLANEOUS EXPENDITURES FOR HOME USE

Expenditures should refer only to those for use at the duty station. Do not include purchases for use outside the duty station, e.g., while on vacation, home leave or during official recuperation break (ORB). **Please give MONTHLY expenditures.**

12. Meals away from home		
12.1 How often do you eat in restaurants/cafeteria?		
- Breakfast	_____	times per week
- Lunch	_____	times per week
- Dinner	_____	times per week

	Amount	Currency
12.2 Cost of meals away from home		
Cafeterias, restaurants		

13. Self-prepared food. Bulk purchases must be prorated to monthly expenditures.		
	Amount	Currency
13.1 Rice, beans, flour, bread, rolls, biscuits, cakes and other bakery products.		
13.2 Cereal preparations (oatmeal, cornflakes, macaroni, noodles)		
13.3 Meat and sea food (processed and tinned)		
13.4 Milk, cheese, yogurt, eggs, butter, oil margarine, mayonnaise, peanut butter, etc.		
13.5 Fruits and vegetables (fresh)		
13.6 Fruits and vegetables (dried, frozen, preserved, juice, nuts)		
13.7 Other food (condiments, soups, etc.)		
13.8 Non-alcoholic beverages (mineral water, soft drinks, tea, coffee, etc.)		
13.9 Alcoholic beverages (beer, wine, etc.)		

14. Miscellaneous expenditures (please give monthly expenditures)		
	Amount	Currency
14.1 Household goods (cleaning products, paper, plastic and foil products, mops and brushes)		
14.2 Personal care services (haircut, hairdressing)		
14.3 Products for personal care (toilet articles)		
14.4 Laundry/dry cleaning		
14.5 Transportation		
Public transportation (bus, taxi)		
Private transportation (car fuel, Maintenance, car insurance, etc.)		

15. Other expenditures (please specify)	Amount	Currency

16. Remarks.

Thank you for your co-operation.