

October 22, 2008 2009-WBG-01

TO: All USAID/West Bank and Gaza Contractors, Grantees and Recipients

Subject: Movement Requests from Israel to Gaza

Dear Implementing Partners,

Effective immediately, the Government of Israel requested the attached forms be completed for any movement requests into Gaza. The forms are to be completed for movement requests from Israel to Gaza for foreigners, Israeli ID holders and Palestinians. Additionally, a form must be completed for coordination of goods and supplies via trucks to Gaza. Completed forms should be sent to psu-permits@usaid.gov for processing.

Please address any concerns regarding this notice to Mr. Fouad Salman, Program Support Liaison at fsalman@usaid.gov.

Sincerely,

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Ron W. Breen Acting Director, Office of Contracts Management USAID West Bank & Gaza

Attachments: Palestinian Staff Request for Exiting the Gaza Strip Coordination Liaison Administration to the Gaza Strip Coordination Request for Goods and Supplies to Gaza

Tel Aviv: American Embassy 71 Hayarkon Street Tel: 972-3-511-4848 Fax: 972-3-511-4888







מנהלת התאום והקישור לרצועת עזה Coordination Liaison Administration to the Gaza Strip

Palestinian Staff Request for Exiting the Gaza Strip

Application Form for International Organizations & Official Representatives

Date of Submission -

Organization Name		
Full Name		
ID Number	· · · · · · · · · · · · · · · · · · ·	
Date of Birth		
Mobile Number		
Description about the staff member's Duty / Position		
Period of employment in the Organization		
Destination		
Purpose of the Staff Member's Travel		
Schedule during the travel		
Holds a valid Permit (Y/N)		
Requested Date of Travel		

Manager of the Organization's statement of commitment -

Full details of the aforementioned -

Attachments -

• All requests are to be verified with our office before arriving to Erez Crossing

<u>Contacts:</u> 0506-246509 <u>arbelgaza@gmail.com</u> International Organizations Dept. Gaza CLA







מנהלת התאום והקישור לרצועת עזה Coordination Liaison Administration to the Gaza Strip

Coordination request for Goods & Supplies to Gaza

Application Form for International Organizations & Official Representatives

Organization -

Submission date -

Date of indicated transfer -

Destination in Gaza (Location and receiving party) -

Description of Items -

Donation number (if relevant) -

Attachments included -

Driver's Name	ID Number	Truck Plate Number	Cargo

Shipment details (only for Medicines & Medical equipment/accessories/supplies):

Purchased In Israel	Purchased abroad	Brought from/Purchased in WB	Donation
 Invoice specifying what was purchased 		West Bank Health coordinator's clearance	• Donation Number
	items	Detailed list of Cleared items	

Organization's Statement of commitment -

Contacts:

International Organizations Dept. Gaza CLA

0506-246509

arbelgaza@gmail.com







מנהלת התאום והקישור לרצועת עזה Coordination Liaison Administration to the Gaza Strip

Request for entry to The Gaza Strip

Application Form for International Organizations & Official Representatives

Foreigners / Israeli ID

Date of Submission -

Organization Name			
Description about the Organization's activities in Gaza			
Full Name (including father's and grandfather's names)			
Nationality			
Passport Number			
Date of Birth			
Date of Travel	In to Gaza -	Back to Israel -	
Mobile Number			
Purpose of entry to Gaza			
Authorities / Bodies Cooperating with in Gaza			
Locations of Work in Gaza			

Organization manager statement of commitment -

Full Details of the aforementioned -

- Time of process for each individual will be up to 5 working days.
- All requests are to be verified with our office before arriving to Erez Crossing.

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