



## REIMBURSEMENT CLAIM FORM

Name: .....

Surname: .....

Organisation: ..... Country: .....

Date of arrival: ..... Date of departure: .....

### CALCULATION OF THE REIMBURSEMENT ENTITLEMENT:

All participants traveling to Brussels from abroad and not based in Belgium are entitled to per-diem and travel costs. Taxi fares, parking fees, hotels, meals, etc WILL NOT BE REIMBURSED separately as they are included in the perdiem.

<b>Perdiem</b>				
Number of perdiem claimed (maximum 3, depending on the number of nights spent in Belgium to attend the conference) : mark the appropriate	A. 1 x 197 Euro = 197 Euro B. 2 x 197 Euro = 394 Euro C. 3 x 197 Euro = 591 Euro			A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
<b>Travel costs</b>				
	Amount paid in local currency	Name of the local currency	Exchange rate (local currency / Euro)	Amount paid in Euro
(a) travel by plane or train: please indicate the price of the ticket	.....	.....	.....	(a) .....
(b) travel by private car: please indicate the price of first class return train ticket for the same journey and on the same dates	.....	.....	.....	(b) .....
<b>TOTAL</b>	<b>Total = (A or B or C) + (a or b) .....</b>			

**Checklist of required supporting documents to be attached to this form:**

- Please note that either originals, certified copies or scans can be provided.
- Tickets must be issued either in the name of the traveller or in the name of the employing entity

(a) For air travel:	
The boarding passes (go & Return)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
The plane ticket or the invoice from the travel agency stating route, date & price	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) For rail travel:	
The ticket or invoice from the travel agency stating the route, date & price (go return)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) For road travel:	
The official document from the train company stating the price of the first class ticket from the city of departure to Brussels and from Brussels to the destination place	Yes <input type="checkbox"/> No <input type="checkbox"/>
The signed letter from the driver, with departure and arrival places, distance and dates of travel, registration number of the car.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have signed the attendance form for <b>each</b> day of participation	Yes <input type="checkbox"/> No <input type="checkbox"/>

**For rapid reimbursement, please bring these documents directly to the conference. Alternatively, send them by email to [info@eucojust.org](mailto:info@eucojust.org) copied to [jeanvankerchove@eucojust.org](mailto:jeanvankerchove@eucojust.org) within maximum 15 days after the end date of the conference.**

All payments will be made right after the Conference upon receipt of the documents and this form. Payments will be made by bank transfer in favor of the organization or individual as indicated below. Bank charges will be covered by the beneficiary.

**Payment of per diem:**

Name and address of the bank	
Name and address of beneficiary (name of the account)	
IBAN	
SWIFT (BIC)	

**Reimbursement of travel costs (if different):**

Name and address of the bank	
Name and address of beneficiary (name of the account)	
IBAN	
SWIFT (BIC)	

I certify that I have been informed of the obligation to submit request for reimbursement and supporting documents within 15 calendar days of the end of the meeting. I certify that these particulars are true and accurate and that I will not be receiving any similar reimbursement from any other or the same institution or public or private organisation in respect of the same journey or stay.

DATE        /        /2010

SIGNATURE OF EXPERT:

**!! TO BE REIMBURSED PARTICIPANTS NEED TO SIGN THE ATTENDANCE LIST DURING THE CONFERENCE !!**