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|  | ECTNEXPENSE CLAIM FORM |

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| **Meeting held at:** **Purpose of the trip :** **Date and time of departure :** **Date and time of return home :**  |

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| **NAME:**  | **FIRST NAME:**  |
| **UNIVERSITY:**  |
| **TICKET (Air / Train) / OR KMS (Private car: 0.22 € / km): Original tickets/boarding passes must be attached to the claim** | €  |
| **SUBSISTENCE : (claim only if meal not supplied by organisers)****PER DIEM 40 Euros for half-day Nb of half-days: \_\_\_\_\_** **80 Euros for a day Nb of full days: \_\_\_\_\_** **Local transport and taxis are included in the above cost** |  |
| **ACCOMMODATION :****ACTUAL COST with maximum of 100 Euros per night N° of Nights: \_\_**  | €  |
| **OTHER EXPENSES: Original receipts must be attached to the claim** | €  |
|  | **TOTAL** | €  |
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| **BANK DETAILS** |  |
| **IBAN NUMBER (Compulsory):**  |  |
| **BANK SWIFT CODE (Compulsory):***If the IBAN number is not available in your country, please give your account number and the Swift code. Claims with incomplete details will be returned.*  |  |
| **NAME OF BENIFICIARY:**  |
| **BANK NAME AND ADDRESS:** |
| **SIGNATURE:** | **DATE:** |
|  |  |
| Please return completed form with receipts to: | Nineta Hrastelj nineta.hrastelj@euchems.euc/o EuCheMS62 Rue du Trône1050 – BrusselsBelgium |