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|  | ECTN  EXPENSE 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.eu  c/o EuCheMS  62 Rue du Trône  1050 – Brussels  Belgium | |