REIMBURSEMENT FORM

|  |  |
| --- | --- |
| Name of the Participant |  |
| Name of the Organisation represented by the participant |  |
|  |  |
| Address of the Claimant |  |
| e-mail |  |
| Date of the Meeting | [date] |

|  |
| --- |
| **Travel details** |
| Date and time of arrival |  |
| Date and time of departure |  |

|  |
| --- |
| **EXPENSES INCURRED** |
| Referencing number to mention on the receipts of your expenses claimed | Item:* please use one row per item, if it is not sufficient insert as many row as you need;
* Bear in mind to justify any use of taxi.
 | Cost |
| in local currency | in €uro |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| **TOTAL** |  |
| **BANK DETAILS** |
| Name of account holder |  |
| Currency of the account |  |
| Name of Bank |  |
| IBAN CODE |  |
| SWIFT/BIC CODE |  |

|  |  |
| --- | --- |
| **Please scan all original receipts and vouchers,** and mail it to info@gamian.eu Or fax to 003292703270Or send a copy by regular mail (**not registered**) to Gamian-Europe, Washingtonstreet 40, 1050 Brussels BELGIUM**Within 6 weeks after the event** | Date and signature: |