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](mailto:info@gamian.eu)  Or fax to 003292703270  Or 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: |