**Application form for reimbursement of expenses**

To obtain reimbursement of expenses, the expert must **complete and sign** **this document** and hand it to the meeting secretary. If ticket is purchased by the expert/organization an **original** **receipt** displaying full cost of travel must be enclosed. Where applicable, accommodation will only be reimbursed against an **original receipt**. Reimbursement claim should be handed in immediately after meeting closure or, if not possible, **within 60 days**. Beyond this deadline, the European Environment Agency is absolved from any obligation to reimburse travel expenses or pay any allowances.

**THIS DOCUMENT IS ONLY VALID IF SIGNED BY THE EXPERT AND THE MEETING SECRETARY**

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| **TO BE FILLED IN BY THE EXPERT (In capital letters)** | | | | | | | | | | | | | | | | |
| E-mail: | | | | | | | | | | Telephone: | | | | | | |
| Name of Expert: | | | | | | | | | | | | | Mr. | | | Ms. |
| Country: | | Address: | | | | | | | | | | | | | | |
| In order to register a new bank account profile with the European Environment Agency or if an existing account must be amended, a **Financial identification form** must be duly completed and submitted to the meeting secretary.  **ATTENTION: All applicants must fill in Full name of Account-holder and the full account number in the boxes below for verification purposes** | | | | | | | | | | | | | | | | |
| Full Name of Accountholder: | | | | | | | | | | | | | | | | |
| Full Account IBAN number : | | | | | | | | | | | | | | | | |
| Means of transport: | Air (economy class) | | | | | Train | Other  : | | | | | | | | | |
| Car  : | | | | | Km: | | | | | Reg. No.: | | | | | |
| **Departure from** (name of city) | | | **Date and time** | | | | | **Arrival in** (name of city) | | | | | | **Date and time** | | |
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| Return travel possible on the last meeting day: Yes  No  I certify that I have been informed of the obligation to present the documentation concerning this meeting within sixty 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 organization in respect of the same journey or stay.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Meeting Participant | | | | | | | | | | | | | | | | |
| **TO BE COMPLETED BY MEETING SECRETARY** | | | | | | | | | | | | | | | | |
| I certify that the Expert took part in the meeting: | | | | | | | | | From: | | | | | | To: | |
| Meeting title: 2nd Biogeographical Evaluation Seminar (Emerald Network) | | | | | | | | | | | | | | | | |
| Place: : Kiev, Ukraine | | | | | Meeting number: 18-110-NO-ENIE | | | | | | | Arranged by (Group): PAN2 | | | | |
| Prepaid ticket: Yes  No | | | | Expert invited as: Individual  Government representative | | | | | | | | | | | | |
| I hereby declare that the above details & the expenses claimed (dates & amounts) correspond to the attached supporting documents.  Reimbursement will not be processed without signatures of both expert & secretary.  \_\_\_\_\_\_\_\_\_\_\_STEFANIA TOMASINA\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Meeting Secretary (capital letters) Signature of Meeting Secretary | | | | | | | | | | | | | | | | |