**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**

|  |
| --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
| 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 |