



EUROPEAN COMMISSION
DIRECTORATE GENERAL JRC
JOINT RESEARCH CENTRE
Institute for Environment and Sustainability
Land Management & Natural Hazards Unit

CHECK LIST FOR PREPARATION OF THE REIMBURSEMENT

Please make sure you read the **CONDITIONS OF REIMBURSEMENT** carefully and follow the procedures strickly. Otherwise, we can not guarantee that your travel costs will be reimbursed succesfully.

Please prepare and provide the following documents at the meeting:

- 1. Completed reimbursement forms.**
- 2. Copy of the invoice of showing the cost of the tickets.**
- 3. 2x (originals) boarding passes for arrival and return.**
- 4. A copy of passport with photograph.**
- 5. Completed and signed legal entity form.**
- 6. Completed, signed and stamped financial identification form.**



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EN

APPLICATION FOR REIMBURSEMENT OF EXPENSES

Box I INSTRUCTIONS

To obtain reimbursement of your expenses, you must complete BOX II and, if necessary, the back of this document (in block letters), otherwise you will not be reimbursed.

The back of the document should be completed:

- if you no longer have, or have never had, an EXPERT'S LABEL;
- if this is the first time you have attended a meeting or discussions;
- if there has been a change in information provided previously (address, bank account, organisation, etc.)

BOX II should show your travelling expenses, expressed in the currency in which they were incurred, against the form(s) of transport used, and your places of departure and arrival (taxi fares will not be reimbursed). Tickets must be shown to the meeting secretary along with this document so that the prices stated can be certified.

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

Box II TO BE COMPLETED BY THE EXPERT (in block letters)

Name: _____

Means of transport used	Place		Actual price paid	Currency
	of departure	of arrival		
<input checked="" type="checkbox"/> Train/boat	MADRID	PLACENCIA	17,85	eu
- TEE supplement				
- Sleeper supplement (double) (*)				
<input checked="" type="checkbox"/> Air (tourist class) (*)	Newcastle	Madrid	233.20	GBP
<input type="checkbox"/> Private car	Registration number: _____ Km (outward/return) _____		I certify that these particulars are accurate.	
<input type="checkbox"/> Private car of another expert	Registration number: _____ Km (outward/return) _____		Date: 18 05 2006	Signature: <i>Jan A. Evers</i>
<input type="checkbox"/> Official car	Registration number: _____ Km (outward/return) _____		I accept that the cost of the evening social dinner will be deducted from my daily allowance.	
<input type="checkbox"/> Prepaid ticket: <input type="checkbox"/> YES <input type="checkbox"/> NO			Date: 18 05 2006	Signature: <i>Jan A. Evers</i>

TAXI FARES WILL NOT BE REIMBURSED

Box III TO BE COMPLETED BY THE MEETING SECRETARY

Action number: 2132 * Montanarella * MOSES * J OIA: 2132: M. Van Liedekerke OVA: 2132: L. Montanarella

This is to certify that the Expert took part in the meeting arranged by DG RC held at Plasencia from 8.05.2006 to 9.05.2006, and that the expenses claimed correspond to the supporting documents.

Code number of meeting: _____
Title of meeting: ~~Personnel meeting~~ meeting of authors

To be charged against budget item: _____
Expert: Private Government

SECRETARY:
Name (block capitals): ~~XXXXXXXXXX~~ Signature: *Jan A. Evers*
T.P. 280 Tel: 5535 Date: 26 05 06

CONFORME AUX FAITS (OIA or OVA) signature: *Jan A. Evers*

(*) Upon presentation of tickets.

IES4-07.03.01-V09-EN

Have you filled in a form like this before?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
Do you represent a government department or body? (If no answer is given it will be assumed that you do.)	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>

CODE NUMBER OF MEETING DATE OF MEETING 18/19.5.2005

1. EXPERT	
SURNAME	<input type="text"/>
FIRST NAME	<input type="text"/>
ADDRESS (street and No.)	<input type="text"/>
TOWN	COUNTY DURHAM POSTAL CODE DL17 9AF
COUNTRY	ENGLAND, U.K. TELEPHONE 01740 653705

2. ORGANISATION FOR WHICH YOU WORK	
NAME	DURHAM UNIVERSITY, DEPARTMENT OF GEOGRAPHY
ADDRESS (street and No.)	SCINCE SITE, SOUTH ROAD
TOWN	DURHAM CITY POSTAL CODE DH1 3LE
COUNTRY	ENGLAND, U.K.

11/05/2006
DATE

(Vodifox)

EXPERT'S SIGNATURE

enfe Billete + Reserva

487413784302 40112 AQBE4874 8431
 Fecha: 17MAY06 Coche: 1 UNICA
 Salida: PTA. ATOCHA 18.52 Plaza: 001V NO
 Llegada: PLASENCIA 21.48
 Producto: TRD 7018

AQBE4874 8431
 Fecha: 17MAY06
 Tren: 7018
 PTA-PLA
 Coche: 1
 Plaza: 001

Fecha: Cierre del acceso Coche:
 Salida: al tren 2 minutos Plaza:
 Llegada: antes de la salida
 Producto:

UTILIZADO
 Fecha:
 Tren:
 Coche:
 Plaza:

IVA 7%:***1,16
 010 TARIFA GENERAL METALICO
 Precio ***17,85

Tarifa: 010
 Precio ***17,85

Tasa de seguridad incluida por S.O.V. y S.R.C. 07100833082375 Tasa de seguridad, S.O.V., e I.V.A. incluidas



Date: 17/5/06

Callerton Station,
 Wellingborough,
 Northamptonshire NN16 9AA
 phone: 0191 271 4760
 EPHONE: 0800 783 9675

Owner:

Location: Callerton Parking Date: 17/5/06
 Time: 08:15

Vehicle Details: Reg: LS9 NW
 Make: Volvo Colour: Grey
 No. of People: 1

U/C O/D

Nation: Aldam
 Date: 21/5/06 Time: 17:45
 Flight No: KLM 685

Payment: AS No. of Days: 5

Cheque C/Card Cash Sub Total
 Total

Conditions:
 Callerton Parking will accept liability only in respect of any loss, theft or damage where it is proved to be caused by the negligence of Callerton Parking and/or its staff
 liability for loss of any valuables left in the vehicle.
 It is considered once a vehicle has left the premises. Please check your car before leaving.
 It must be retained by Callerton Parking at least six weeks unless the driver or an authorised person will be contacted from any vehicle. No refund will
 be made for vehicles retained for more than 72 hours of departure.
 The liability of the car must be fully insured. Callerton Parking reserves the right to store cars in secure covered parking within a radius of 2 miles
 without notice the withdrawal of vehicles. Please insurance cover. In the event of any damage, the owner will be liable for the cost of repairs.



083
 FROM
 NEWCASTLE
 TO AMSTERDAM/AMS
 FLIGHT CLASS DATE TIME
 KL 0958 M 17MAY
 DATE SEWER/TIME SEAT SMOKE
 21C NO
 ETKT10744316209744
 PCS WT UNCD BAGGAGE NUMBER
 CPN DOCUMENT NUMBER CX



098
 FROM
 TO AMSTERDAM/AMS
 MADRID/MAD
 FLIGHT CLASS DATE TIME
 KL 1703 M 17MAY
 DATE SEWER/TIME SEAT SMOKE
 20E NO
 ETKT10744316209744
 PCS WT UNCD BAGGAGE NUMBER
 CPN DOCUMENT NUMBER CX

FINANCIAL IDENTIFICATION

ACCOUNT HOLDER	
NAME	XXXXXXXXXX
ADDRESS	23 CHURCH STREET BISHOP MIDDLEHAM
TOWN/CITY	COUNTY DURHAM POSTCODE DL17 9AF
CONTACT PERSON	XXXXXXXXXX
TELEPHONE	0191 334 1877 FAX 0191 334 1801
E-MAIL	XXXXXXXXXX
VAT NUMBER	-

sort code 20 2741 BANK	
BANK NAME	BARCLAYS
BRANCH ADDRESS	26 NEW ELVET
TOWN/CITY	DURHAM CITY POSTCODE DH1 3AL
ACCOUNT NUMBER	40375624
IBAN (optional)	GB18 BARC 202741 40375624

REMARKS :

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BANK STAMP + SIGNATURE of BANK REPRESENTATIVE (Both Obligatory)
<p style="text-align: right;">20 - 27 - 41</p> <p style="text-align: center;">NEW ELVET DURHAM</p> <p style="text-align: right;">34 12 MAY 2006 34</p> <p style="text-align: center;">BARCLAYS BANK</p> <p style="text-align: right;">20 - 27 - 41</p> <p><i>M.S.M.</i></p>

DATE + SIGNATURE of ACCOUNT HOLDER : (Obligatory)
<p style="text-align: center;">XXXXXXXXXX</p> <p style="text-align: center;">12 May 2006</p>