



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: Arwyn Jones

Means of transport used	Place		Actual price paid	Currency
	of departure	of arrival		
<input checked="" type="checkbox"/> Train/boat	<u>Milan - Zagreb (return)</u>			<u>200 Euro</u>
- TEE supplement				
- Sleeper supplement (double) (*)				

Air (tourist class) (\*) Milan - Zagreb (return) 300 Euro

Private car 1000/1000 Km (outward/return)  
 Registration number: AB123CD

I certify that these particulars are accurate.  
 Date: 28 12 2006 Signature: \_\_\_\_\_

Private car of another expert \_\_\_\_\_ Km (outward/return)  
 Registration number: \_\_\_\_\_

I accept that the cost of the evening social dinner will be deducted from my daily allowance.  
 Date: 28 12 2006 Signature: \_\_\_\_\_

Official car \_\_\_\_\_ Km (outward/return)  
 Registration number: \_\_\_\_\_

Prepaid ticket:  YES  NO

**TAXI FARES WILL NOT BE REIMBURSED**

*No expenses*

Box III

TO BE COMPLETED BY THE MEETING SECRETARY

Action number H07 - SCHMUCK G. OIA 2132: M. Van Liedekerke OVA 2132: L. Montanarella

This is to certify that the Expert took part in the meeting arranged by DG JRC held at University of Zagreb, Croatia from 28/08/2006 to 01/09/2006, and that the expenses claimed correspond to the supporting documents.

Code number of meeting: JRC-ESBN-WSEE

Title of meeting: poll protection policies in south-eastern Europe

To be charged against budget item: 1132 MOSES

Expert:  Private  Government

SECRETARY:

Name (block capitals): J Jones Signature: \_\_\_\_\_

T.P. 280 Tel.: 2162 Date: 28 09 2006

CONFORME AUX FAITS (OIA or OVA) signature: \_\_\_\_\_

(\*) Upon presentation of tickets.

Have you filled in a form like this before?  
Do you represent a government department or body?  
(If no answer is given it will be assumed that you do.)

NO  YES

NO  YES

CODE NUMBER OF MEETING JRC-ESBN-WSEE

DATE OF MEETING 28-30/10/2006

### 1. EXPERT

SURNAME JONES

FIRST NAME Arwyn

ADDRESS (street and No.) Via alle motte 496

TOWN Cadrezzate (VA)

POSTAL CODE 21020

COUNTRY Italy

TELEPHONE +390332 789162

### 2. ORGANISATION FOR WHICH YOU WORK

NAME European Commission DG Joint Research Centre

ADDRESS (street and No.) P280, Via Fermi,

TOWN Ispra (VA)

POST CODE 21020

COUNTRY Italy

28 / 08 / 2006

DATE

EXPERT'S SIGNATURE

## LEGAL ENTITIES

PRIVACY STATEMENT [http://europa.eu.int/comm/budget/execution/legal\\_entities\\_fr.htm](http://europa.eu.int/comm/budget/execution/legal_entities_fr.htm)

### INDIVIDUAL

TITLE	<input type="text"/>
NAME	<input type="text"/>
FIRST NAME	<input type="text"/>
(NAME 2)	<input type="text"/>
(NAME 3)	<input type="text"/>
OFFICIAL ADDRESS	<input type="text"/> <input type="text"/>
<small>(OFFICIAL Address = Your PERMANENT address; generally the one which is registered on your identity card)</small>	
POSTAL CODE	<input type="text"/>
P.O. BOX	<input type="text"/>
TOWN/CITY	<input type="text"/>
COUNTRY	<input type="text"/>
** VAT NR	<input type="text"/>
IDENTITY CARD NUMBER	<input type="text"/>
PASSPORT NUMBER	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
<small>D D M M Y Y Y Y</small>	
PLACE OF BIRTH	<input type="text"/>
COUNTRY OF BIRTH	<input type="text"/>
PHONE	<input type="text"/>
FAX	<input type="text"/>
E-MAIL	<input type="text"/>

**THIS "LEGAL ENTITY" SHEET MUST BE COMPLETED AND SIGNED, AND SUBMITTED TOGETHER WITH A LEGIBLE PHOTOCOPIY OF THE IDENTITY CARD OR PASSPORT**

**\*\* IF THIS FIELD IS FILLED IN, PLEASE ATTACH AN OFFICIAL "VAT" DOCUMENT.**

**DATE AND SIGNATURE**



