

Ecumenical Youth Council in Europe aisbl



EXPENSES CLAIM FORM

Name: _____

Address: _____

IBAN account number: _____

SWIFT/BIC code: _____

Bank name & address: _____

Please complete this form very carefully and attach copies of all invoices/receipts/tickets etc for which you are claiming reimbursement. You will be reimbursed in cash, unless you indicate a SWIFT bank transfer in advance. If charged, the International Transfer Fee will be deducted from the reimbursement total. Please mark any sections that do not apply as N/A (Not Applicable) and leave the grey "For Office Use Only" section blank.

TRAVEL EXPENSES

Name of Meeting: _____

Date/Place of Meeting: _____

From:	To:	Transportation method: (Bus/Train/Plane etc.)	Single/ Return	Amount in local currency:	Amount in €: (For office use)
Subtotal:					

OTHER EXPENSES (Visa Costs, Accommodation, Food, Costs, Telephone Costs & ExCo Approved Expenditure)

Date:	Expense type:	Brief description	Amount in local currency:	Amount in €: (For office use)
Subtotal:				

I certify that the above information is correct to the best of my knowledge.

Date/Place and Signature: _____

<i>(For office use)</i>	
Subtotal carried forward: € _____	Minus "Travel Contribution": _____
Total to be reimbursed: € _____	Minus "Participation fee": _____
Authorised by: (Signature) _____	Date & Place: _____

Amount received: € _____ Other Currency: (3 figure code) _____

Date/Place and Signature: _____

Ecumenical Youth Council in Europe aisbl | Conseil Œcuménique de la Jeunesse en Europe aisbl

Rue Brogniez 44 – 1070 Bruxelles – Belgium

Phone: +32 2 5106171 – Fax: +32 2 5106172 – E-Mail: general.secretary@eyce.org – Web: www.eyce.org

Bank details: KBC Bank, Argence Marnix – BIC/Swift: KREDBEBB – IBAN: BE30 7340 0440 4011