

Reimbursement of Travel Expenses for COST meetings

Please use tab/shift tab for navigation

Family Name	Forename	Gender	(for stat.purpose)
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
Home address:			
Street & N°	Code	Town	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country <small>(abbr.)</small>	Tel	Fax	e-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution or affiliation :			
Name		Address	
<input type="text"/>		<input type="text"/>	

For payment, please fill in all details of your bank account (address only if different from above)

Account Holder : Name	COST Ref N° (*)		
<input type="text"/>	<input type="text"/>		
Street & N°	Code	Town	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country <small>(abbr.)</small>	Tel	Fax	e-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Details :			
Name of bank or postal account		Branch and address	
<input type="text"/>		<input type="text"/>	
Full bank account N° (including bank code)		IBAN (if available)	
<input type="text"/>		<input type="text"/>	

Purpose of travel	COST Action :	Meeting :	
Meeting :	Town	Country	Dates
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			COST Meeting Ref N° (*)
			<input type="text"/>
Travel :			
From	To	Travel Start	Date
Town	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Travel End	Hour
		<input type="text"/>	<input type="text"/>

Travel, accomodation and other expenses (please see the "Rules for reimbursement of expenses")

1) Transport

	Amount	Currency*
air ticket Apex : <input type="radio"/> YES <input type="radio"/> NO		
train		
car Km: <input type="text"/> registr n°: <input type="text"/>		
other :		

* use currency of ticket

2) Accommodation (Please indicate the number of nights paid by yourself and necessary for meeting or APEX)

Number of nights :

3) Meals (Please indicate **date** only for meals paid by yourself)

Lunch :					
Dinner :					
Total N° :					

I declare that the expenses claimed above are not being reimbursed from any other source :

Date Signature

Checked by COST Meeting Secretary (*)	
Date _____	Signature _____

(*) for official use