|                          | CLAIM FC   | JK KEIMBUKSEMENT        | OF IRA   | AVEL EXPENS    | E5      |                 |
|--------------------------|--|-------------------------|----------|----------------|---------|-----------------|
|                          | t Name<br>name:  |                         |          |                |         |                 |
|                          | Iress (Street,<br>ce, ZIP):  |                         |          |                |         |                 |
| Cou                      | intry  |                         |          |                |         |                 |
| E-m                      | ail address:   |                         |          |                |         |                 |
| Att: J<br>Bergg<br>A-109 | pean Centre for Social Wel<br>ludith Schreiber<br>gasse 17<br>90 Vienna<br>n for Reimbursement of Tra            | ·                       | irch     |                |         |                 |
|                          | e of the Event (please click<br>International workshop<br>Meeting of the Childwato<br>and Place of the Event: 8- | h International Regiona |          |                | ıtries  |                 |
| Desc<br>this f           | ription of Expenses (Ticke<br>orm and itemized in the fo   | ts, Bills and supported | d docun  | nents to be nu | ımbered | and attached to |
| Item #                   | Item Description   |                         | Currency | Amount         | rate    | Amount in €     |
| 0                        |  |                         |          |                |         |                 |
| 1                        |  |                         |          |                |         |                 |
| 2                        |  |                         |          |                |         |                 |
| 3                        |  |                         |          |                |         |                 |
| 4                        |  |                         |          |                |         |                 |
|                          |  |                         |          |                |         |                 |
|                          |  |                         |          |                |         |                 |
|                          |  | TOTAL                   |          |                |         |                 |
|                          |  | IOIAL                   |          |                |         |                 |
| I dec                    | lare that the travel and oth   | er expenses have not    | been bo  | orne by anoth  |         | rity.           |

\*1) Costs incurred in currencies other than the Euro shall be reported in Euro on the basis of the conversion rate that would have applied on the date that the actual costs were incurred.

Please see http://www.ecb.int/stats/eurofxref/eurofxref-hist-90d.xml

To process your claim for reimbursement without any delay, we ask you to fill in all details

| Bank Name:                          |  |
|-------------------------------------|--|
| Bank Address:                       |  |
| IBAN (International Bank Account ): |  |
| Swift Code or BIC Code:             |  |
| Name of Account Holder:             |  |

## Please note:

- We need the full above **bank details** in order to process your reimbursement. Please consult your bank (statement) for the required data.
- For this meeting, the European Centre will reimburse international and local travel expenses in Bratislava and / or your home country (please note that taxi can only be refunded in case no public transport is available – please specify reason)
- The Hotel Tatra invoice for a single room & breakfast will be paid directly by the organizers for 2
  nights (3 nights for participants of the Childwatch International CEE Network). All extras like e.g.
  minibar, telephone, supplement for double room have to be paid upon check out by the
  participant.
- Please send your claim for reimbursement together with the ORIGINALS (invoices for plane or railway ticket, ticket leftovers AND boarding passes) before 26. September 2008 to the indicated address.
- In case of any further questions concerning reimbursement of expenses, please do not hesitate
  to contact Judith Schreiber by e-mail: <a href="mailto:schreiber@euro.centre.org">schreiber@euro.centre.org</a> or Renate Kraenzl-Nagl</a>
  <a href="mailto:kraenzl-nagl@euro.centre.org">kraenzl-nagl@euro.centre.org</a>
- Please keep a copy of the ticket and the invoices for your files in case the letter with the originals would get lost in the mail!

TO GUARANTEE A PROMPT PROCESSING OF YOUR EXPENSE CLAIM WE NEED **ORIGINALS** OF ALL SUPPORTING DOCUMENTS!

PLEASE UNDERSTAND THAT PAYMENT CAN NOT BE MADE IN CASE OF INCOMPLETE FORMS
OR MISSING RECEIPTS

THANK YOU FOR YOUR UNDERSTANDING