FP7 RadioNet travel expense claim form – WP7

Destination and reason for claim ………………………………………………………………………

Travel dates: from                                                to

Details of Claimant

Title   Surname
Forenames       E-mail
Institute       Department
Bank Name
Bank Address

IBAN (Int. Bank Account Number) code*
SWIFT (BIC) code*:
Account Name
Account Number

Please enclose originals of
bills, receipts, tickets etc.**

(If not complete, reimbursement can be delayed)

Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Currency……...</th>
<th>Currency……...</th>
<th>Currency……...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Fares</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td>Taxi, Bus and Rail Fares</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td>Rental car</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td>Accommodation</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td>Meals</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td>Miscellaneous (please specify)</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td></td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td>Currency Commission/costs</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
</tbody>
</table>

Totals

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Currency……...</th>
<th>Currency……...</th>
<th>Currency……...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
<tr>
<td>Equivalent (own currency)</td>
<td>……………...</td>
<td>……………...</td>
<td>……………...</td>
</tr>
</tbody>
</table>

Total claimed (own currency)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Currency……...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>……………...</td>
</tr>
</tbody>
</table>

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

Signature claimer       Date
-----------------------------------------------------------------------------------------------------------------------------
RadioNet WP 7 contact:       Date
Signature

For JIVE office use
Approved:       Budget number 620310-700

Date:

* fill in both IBAN and SWIFT (BIC) code

** include all receipts: travel (incl. taxi/train), accommodation, meals, etc.
Claim procedure

BEFORE TRAVELING

1. Before travelling, request e-mail authorisation for the travel (invitation and/or financial support) from the activity leader (see below for list and contact details of project leaders).

   In the event of no reply, you may contact the RadioNet3 manager (irottmann@mpifr.de).

AFTER THE MEETING

2. Determine the correct work package (WP) number to which this travel is to be charged.

   WP numbers can be found below.

3. Download the correct RadioNet3 Travel Claim Form using http://www.radionet-eu.org/travel

   **NOTE:** Each WP has its own Travel Claim Form, in which the WP number is already pre-printed. This project number is only applicable to authorised travel for RadioNet3 work package only and it cannot be used for purchases of any sort.

4. Fill in the form the following information:
   - Destination and reason for claim + dates
   - Your full name, institute name
   - Bank name and address
   - IBAN (International Bank Account Number) code: your bank can provide this information or you can search your bank’s website for “IBAN”.
   - SWIFT address (BIC – Bank Identification Code): your bank can provide this information or you can search your bank’s website for “BIC” or “SWIFT

   **NOTE:** Without correct bank details your claim cannot be paid.

   - Name of the bank account owner (can be different from your name) and account number
   - Expenses columns: if applicable, fill in used currencies

   **IMPORTANT:** RadioNet3 institutes claim expenses without VAT! (This does not apply to claim from a private person)

5. Enclose (original) invoices and receipts with your claim form. All receipts are required, including accommodation, travel cost (including taxis etc.) and meals. No receipts = No reimbursement.

   **IMPORTANT:** Please keep copy of your originals!

6. Sign the form and fill in the date

7. Send the form and receipts to the relevant WP leader, who will authorise payment and send it to JIVE. The money will be transferred to your bank account. The sender will be “Joint Institute for VLBI in Europe"

   Questions on filling in the form? ➔ Contact the WP leader.

   Questions on the status of the claim? ➔ Call +31 (0)521 596524 or e-mail poll@jive.nl