

# Reimbursement Policy

## Eligibility:

Representative of Patients Organisations, Non-Profit Organisations (only one representative per organisation) or public entities.

Anyone who claims reimbursement should fulfil the following conditions without any exception.

Please use the form, which you can find on the webpage to claim the reimbursement of your expenses.

## Costs that will be reimbursed:

### 1. Travel

- By plane: cheapest Economic class and most direct route (Please book your ticket as early as possible in order to get good rate).
- By train: first class (Eurostar: economy class)
- By car: reimbursement of 0,30€/KM. Please indicate the departure city and number of kilometres in the form. A maximum of 300€ will be reimbursed. The reimbursement will **in no case exceed the equivalent first-class rail fare**. The fare includes all cost related to the use of the car (insurance, petrol, motorway ...).

### 2. Subsistence allowance

- The use of public transport is recommended. Taxi can be used only in case of public transport not available or in case of reduced mobility. ***Please justify any use of taxis on the reimbursement form without justification we will automatically deduct the expenses.***
- Food & beverages which are not included in the seminar package.
- Hotel: the night on 23 October 2017 will be covered by EPF with a maximum of 140€/night (breakfast and city tax exclusive). Any additional nights, which are not indicated in the registration form, will be at the cost of the participant

## Submission:

**Deadline for submission is 24<sup>th</sup> November 2017.  
After that date EPF will not process any reimbursements.**

Please return the enclosed EPF reimbursement form duly filled only after the seminar. All expenses must be justified **by original receipts/invoices**.

Each receipt/invoice will be listed with a number as a reference. Those are already pre-listed in the form. Please mention that number on the appropriate receipt/invoice.

**For all expenses beyond or out of this policy please attach EPF written approval to the reimbursement form**. Without EPF approval your extra expenses will not be reimbursed.

### Conversion rate:

Any expenses made in another currency than Euro must be converted to Euro. The conversion has to be calculated with the official EC website:

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/inforeuro/inforeuro\\_en.cfm](http://ec.europa.eu/budget/contracts_grants/info_contracts/inforeuro/inforeuro_en.cfm)

**We trust our participants managing their expenses wisely as by a responsible person.**

The form should be send to **EPF** at the following address:

### European Patients' Forum

Chaussée d'Etterbeek, 180  
1040 Brussels, Belgium

### To be attached to the form:

- Original receipt for the purchase of flight or train ticket (if not purchase directly by EPF)
- Secretariat approval
- Original receipts
- Boarding Passes

**Don't forget to sign the claim!**

### Any questions?

Don't hesitate to contact Anna Trzcińska at [anna.trzcinska@eu-patient.eu](mailto:anna.trzcinska@eu-patient.eu)

Tel: +32 (0)2 274 29 30

**REIMBURSEMENT FORM**

<b>INFORMATION</b>	
<b>Name of Claimant</b>	
<b>Address of the Claimant</b>	
<b>Email address</b>	
<b>Date of the Meeting</b>	23-24.10.2017
<b>Title of the Meeting</b>	PRO STEP Final Conference
<b>Account (general, project, ...)</b>	PST 323
<b>If you took a taxi please justify here (mobility, early or late departure, ...)</b>	

Any expenses made in another currency than Euro has to be converted in EURO. The conversion has to be calculated with the official EC website:

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/infoeuro/infoeuro\\_en.cfm](http://ec.europa.eu/budget/contracts_grants/info_contracts/infoeuro/infoeuro_en.cfm)

<b>EXPENSES INCURRED</b>			
Item (please use one row per item, if it is not sufficient insert as many row as you need)	Cost		# receipt
	in local currency	in €uro	(Please list your receipts here with the reference you have inserted on the receipt)
			1
			2
			3
			4
			5
<b>TOTAL</b>			

<b>BANK DETAILS</b>	
<b>Name of account holder</b>	
<b>Currency of the account</b>	
<b>Name of Bank</b>	
<b>Address of Bank</b>	
<b>Account Number</b>	
<b>IBAN CODE</b>	
<b>SWIFT CODE</b>	

Signature: \_\_\_\_\_

Date in		Exp. Generator approval
Project	Budget	Label
PST	323	PRO STEP Final Conference