

REIMBURSEMENT FORM

Reimbursement policy

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All representatives of patient organisations who have been invited and who attend/speak at the event will be reimbursed.

<u>Anyone</u> who claims reimbursement should fulfil the following conditions without any exception. Please use the reimbursement form which will be provided to claim the reimbursement of your expenses.

Costs that will be reimbursed:

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)

The booking will be done by the participant itself via Egencia (EPF travel agency) and will be charged directly to EPF. A link to the travel agency will be provided by EPF Secretariat with the confirmation of your registration. EPF will not reimburse travel booked with other agency than Egencia.

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.

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 21 June 2016 will be covered by EPF with a maximum of 140€/night (breakfast and city tax exclusive). Any additional nights will be at the cost of the participant.

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

Conversion rate:

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/inforeuro/inforeuro en.cfm



Submission:

Reimbursement form will be submitted by the claimant only after the event.

Please use EPF reimbursement form duly filled to claim. All expenses have to be justified **by original receipts.**

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

As money shouldn't prevent you to participate at the event please contact EPF Secretariat before the event for all expenses beyond or out of this policy and attach the written correspondence to the reimbursement form. If you do not attach EPF approval, your extra expenses will not be reimbursed.

The form will be sent to the EPF secretariat within the month after the event at the latest.

Contact details:

European Patients' Forum

Rue du Commerce, 31 – 1000 Brussels, Belgium Office phone number: +32(2)280 23 34

Email: <u>info@eu-patient.eu</u> <u>www.eu-patient-eu</u>

Deadline for submission: 22 July 2016

After that date EPF will not process any reimbursements.

To attach to the form:

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

NOTE: **Please attach all original receipts and vouchers,** and make a copy for your own records first and send to: **EPF – rue du Commerce 31 B-1000 Brussels.** *MANY THANKS*

REIMBURSEMENT FORM

INFORMATION				
Name of Claimant				
Address of the Claimant				
Email address				
Date of the Meeting	22 June 2016			
Title of the Meeting	Patient Empowerment Campaign Roundtable			
Account (general, project,)	ECC 323			
If you took a taxi please justify				
here (mobility, early or late				
departure,)				

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

BANK DETAILS				
Name of account holder				
Currency of the account				
Name of Bank				
Address of Bank				
Account Number				
Sort Code				
IBAN CODE				
SWIFT CODE				

Signature:	