ECARES
European Centre for Advanced Research in Economics and Statistics
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!!! PLEASE NOTE THAT ALL THE INFORMATION REQUIRED ON THIS DOCUMENT IS ABSOLUTELY NECESSARY TO GET REIMBURSED !!!

EXPENSE CLAIM FORM

Name of Claimant

Organization

Tel

Fax

E-mail

Private address

2. Travel – AIR/TRAIN/CAR

Date :_____

From : _____

To : _____

Fare : _____

If you came by car, please give the distance travelled and **attach a signed statement** that you claim to be reimbursed In money.

Distance by car : _____ Km / Miles

3. Travel - Other (Taxi, Tram,…..)

Date	Description (taxi, tram, …)	Fare

4. Bank information for European bank accounts

Name and complete address of your bank:

Bank account*:

* UK: + sort code
* GERMANY: + BLZ

IBAN:

BIC (SWIFT ADDRESS):

5. Bank information for North American bank accounts

Name and complete address of your bank:

Bank account:

ABA ROUTING:

SWIFT ADDRESS:

<u>Please do not forget to include</u> :

- **the ORIGINAL tickets or e-tickets**
- **the boarding passes**
- **the ORIGINAL invoices**
- **a photocopy of your passport or ID**

WITHOUT THESE BANK INFORMATION AND DOCUMENTS WE CANNOT REIMBURSE YOU !!!

I confirm that the expenses claimed on this form have been actually and necessarily incurred by me, solely for ECARES business.

DATE : _____ SIGNATURE : _____

<u>Return this form to</u>:
Claude Adan - ECARES - CP 114 - Av. F.D. Roosevelt, 50 - 1050 Bruxelles - Belgium