Seminar title Event number

Travel cost reimbursement form

***Original receipts only please***

***Deadline for submission of claim to ERA: 04.04.2022***

|  |  |  |
| --- | --- | --- |
| Better applying European criminal law: legal and language training events for court staff across Europe - Polish National Seminar | | |
| 322DT151f | Date/Place | 3-4.03.2022 - Lublin |

|  |
| --- |
| First name |
| Surname |
| Institution |
| Address |
| Postal code |
| Telephone |

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|  | | | | |
|  | | | | |
|  | City |  | Country |  |
|  | | | Email |  |

|  |  |
| --- | --- |
| ACCOUNT INFORMATION | |
| IBAN |  |
| BIC/SWIFT |  |
| Bank |  |
| Address of the bank |  |
| Account holder |  |
| Address of the  Account holder |  |

Participation as  Speaker

|  |
| --- |
| Hotel (max. € 50,00 X 1 night) |
| **Total expenses** |

 Delegate

**Amount in €**

0

I have incurred the above expenses, and enclose original receipts and tickets. I vouch the for accuracy of this claim.

I have taken note of the information on travel expenses reimbursement on the reverse side.

Place, Date Signature

|  |  |  |
| --- | --- | --- |
| ***To be completed by ERA!*** | | |
| *ERA Ledger Entry* |  | *Approved* |
|  | Date |  |
|  | Signature |  |

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