**TRAVEL COSTS**

**REQUEST FOR REIMBURSEMENT**

***Internal Administrative Circular No. 4***

Last name: First name:

**Reason:** [ ]  my taking up duty [ ]  my termination of service

Date of travel: / /

**Persons travelling:**\*

|  |  |  |
| --- | --- | --- |
| **Last name** | **First name** | **Staff Member(SM), Spouse(SP), Legal Partner (LP), Child(CH)** |
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*\*The staff member, the spouse/legal partner and dependent children as defined in Articles 9.1 and 9.2 of the Staff Regulations are eligible to travel reimbursement.*

**Details of Travel Expenses:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expenditure** | **Date** | **Amount** | **Currency** |
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| **Total Amount to be reimbursed**\*\* |  |

*\*\* Travel expenses are reimbursed in Euros in order to facilitate the payment*.

I hereby declare that my travel expenses are not totally or partially reimbursed by another institution or employer. If they are, the reimbursed amount is: currency:

Date:

Signature of the staff member: