

COUNCIL OF EUROPE

CLAIM
(in block capitals)

MEETING	<input type="text" value="RN16_15562"/>	<input type="text" value="1st meeting of the European Higher Education Area Advisory Group on diploma supplement revision"/>		
PLACE	<input type="text" value="BUCHAREST"/> <input type="text" value="ROMANIA"/>		START	END
		DATES	22/01/16	22/01/16
		HOURS	09:00	17:00
CCM	<input type="text" value="40200"/>	PO	<input type="text" value="492559"/>	N° OM <input type="text" value="OM16_117580"/>

I - DATES OF ATTENDANCE AT THE MEETING

The Expert has participated to the meeting : from : <input type="text" value="22/01/16 09:00"/> to : <input type="text" value="22/01/16 17:00"/> Signed : The Secretariat of the meeting	NAME Signed : tel :	<input type="text" value="Mrs Claudia GELLENI"/> <input type="text" value="SÈVRES"/> <input type="text" value="FRANCE"/> <input type="text" value="Gelleni@ciep.fr"/> <input type="text" value=""/> Joana KASHI : poste 3529 (Joana.KASHI@coe.int)
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II - TRAVEL INFORMATION

N° prepaid : X6HOBS Booked Deadline emission : 18/01/2016 Amount (€) : 541.28

MEANS OF TRANSPORT	START		ARRIVAL		FROM	TO	Comments
	DATE	HOUR	DATE	HOUR			
PLANE : Y - N° dossier : X6HOBS	21/01/2016	10:20	21/01/2016	14:10	Paris Charles De Gaulle	Bucharest Otopeni	Air France n°1888 Duration :03:50
PLANE : Y - N° dossier : X6HOBS	23/01/2016	09:15	23/01/2016	11:35	Bucharest Otopeni	Paris Charles De Gaulle	Air France n°5049 Duration :02:20

JOURNEY		MEANS OF TRANSPORT	TRAVEL EXPENSES			
FROM	TO		DEVISE	Montants en DEVICES	PREPAID in €	AMOUNT in €

All claims must be attached with tickets (if not a copy) and invoices

III - OTHER EXPENSES

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LABEL	Currency	Amounts in currency	Amounts in €	COMMENTS
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IV - ADVANCE PAYMENT

Check the box if an advance is requested

V - SETTLEMENTIf the meeting takes place in Strasbourg, on site or in EURO by bank transfer.
If the meeting is held outside Strasbourg, by bank transfer.**VI - DECLARATION**

I hereby declare that:

(i) the above amounts correspond to the travel costs actually incurred for my trip and I have brought no other claim for these expenses from another authority.

(ii)* I have not benefited from meals and/or accomodation provided free of charge/ I have benefited from the following meals and/or accomodation provided free of charge (*Cross out whichever is not applicable)

(Indicate number of meals and/or nights' accommodation provided).....

Date :

18.01.2016

Signature :

NB : In the absence of a signature, the transmission by e-mail (using the e-mail address recorded in the Council of Europe expert reimbursement system) of the completed form constitutes the request for reimbursement and declaration of the expert