**REIMBURSEMENT OF TRAVEL EXPENSES OF THE MEMBERS OF THE EXECUTIVE COMMITTEE, GENERAL ASSEMBLY AND WORKING GROUPS**

1. Meeting title: ………………………………………………..
2. Meeting dates: From ………….. To …………..
3. Meeting venue: …………..…………………………………

4. Contact / Bank details of the organization:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |   |  |  |  | Ms |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 NAME/S AND SURNAME/s …………………………………………………………………………………………………………………….

 ORGANISATION ……………………………………………………………………………………………………………………………

 ACCOUNT HOLDER ……………………………………………………………………………………………………………………..

 ACCOUNT NUMBER (iban) ………………………………………………………………………………………………………….

 SWIFT-bic CODE……………………………………………………………………………………………………………………………………

5. Form of transport used: Departure / Arrival: Cost:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Intercity Train/boat/bus  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  | TEE supplement  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  | Sleeper supplement (double)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  | Air (tourist class)(¹) |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Private car |  |  |  |  |  |  | Registration number: |   |   |   |   |   |   |   |  | Km (outward/return) |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

I HEREBY DECLARE ON MY HONOUR that the INFORMATION PROVIDED ABOVE IS accurate and that I have not received and shall not receive ANY reimbursement from any other organization or individual in respect of the same travel or subsistence expenditure claimed.

**SIGNATURE OF THE PARTICIPANT**

**STAMP OF THE ORGANIZATION**

***TO BE COMPLETED BY THE LDAC SECRETARIAT:***

Travel costs:………Per-Diem:.................. Accommodation allowance:………….

Total cost........................................................................................................

Observations:…………………………………………………………………………………………….