**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:…………………………………………………………………………………………….