

Project Code _____	Cost centre _____	Meeting No _____	TRANSACTION REF. _____
Ident _____	A/C _____		

EXPENSE CLAIM FORM

Please ensure that your claim complies with the CEPR travel guidelines (<http://www.cepr.org/meets/meets2.htm>) and is submitted **within three months** of the meeting taking place. We are not able to process claims received after this date. Euro bank transfers cannot be processed without legible **IBAN and BIC/SWIFT codes**. Omitting them will cause delay to your reimbursement.

Where possible, please complete this form electronically.

A separate Expense Claim Form must be completed for each different CEPR conference or workshop that you attend.

First Name _____ **Surname** _____

Address (for sending your reimbursement to) _____

Telephone No. _____ **Email** _____

Meeting Date* _____ **Meeting title** _____

*The first day of the meeting will be used to calculate exchange rates

CLAIMED AMOUNTS SUMMARY

		FOR INTERNAL USE ONLY			
		Code	R/U	Original Currency	Payment Currency (conversion)*
Travel	Please provide details overleaf	96005	R		
Accommodation	Please provide details overleaf	96005	R		
Other	Please provide details overleaf	96005	R		
VAT	(For EC projects only)	96007	R		
					Total
					Total + VAT

*CEPR will perform currency conversions based on the rate at the first day of the meeting. Any claim exceeding the CEPR maximum reimbursement rates without prior approval will be capped at the maximum.

PAYMENT METHOD (please select)

<input type="checkbox"/> Sterling cheque (UK residents only)	<input type="checkbox"/>	<input type="checkbox"/> Euro Cheque**	<input type="checkbox"/>
<input type="checkbox"/> Sterling bank transfer to UK sterling account (UK residents only)	<input type="checkbox"/>	<input type="checkbox"/> Euro bank transfer to any account**	<input type="checkbox"/>
<input type="checkbox"/> Sterling bank transfer to any other account (UK residents only)**	<input type="checkbox"/>	<input type="checkbox"/> US dollar cheque	<input type="checkbox"/>

** Please note that the beneficiary bank may deduct a fee from the sum transferred / paid in. From November 2009 CEPR's own bank charges will no longer be deducted from your claim.

ACCOUNT DETAILS European banks have the right to reject any Euro payments that do not contain a valid International Bank Account number (IBAN) and Bank Identifier Code (BIC). Please ensure you give us these details if you are asking for a bank transfer.

Account Holder _____ or **Make payable to the following institution** _____

Bank _____ **Sort (UK)/ IBIC** _____

Please note: non UK claims cannot be processed if the IBIC code is not included

Account n° / IBAN _____

Please note: non UK claims cannot be processed if the IBAN code is not included

Bank Address _____

I confirm that the expenses claimed on this form have been actually and necessarily incurred by me, solely for CEPR business, and that I have not claimed for them from another source.

Signed by claimant _____ **Date** _____

Approved by CEPR _____ **Date** _____

DETAILS OF CLAIM

Please be sure to keep your claim within the specified guidelines

For full details of our reimbursement policy see www.cepr.org/meets/meets2.htm or contact the Meetings Team

1. TRAVEL

Unless previously indicated by or arranged with CEPR the following travel (air fare + ground transportation) limits will apply:

Within Europe €450, Israel \$760, USA/Canada East Coast \$760, USA/Canada West Coast \$960. Please include receipts to support your claim.

Date	From/to	Currency Type	Local Currency Amount
Total travel (air + local transport) (carry forward to summary overleaf)			

2. ACCOMMODATION (if applicable) Please include receipts to support your claim.

Date	City	Currency Type	Local Currency Amount
Total accommodation (carry forward to summary overleaf)			

3. SUBSISTENCE

If lunch or dinner is not provided by the organizers, participants may claim up to €15 per lunch and €30 per dinner for the days of the conference, **provided their overall claim remains within the valid travel limit.** Please include receipts to support your claim.

Date	City	Currency Type	Local Currency Amount
Total subsistence (carry forward to summary overleaf)			

Explanatory Notes

This section should be completed when unusual circumstances or expenses require explanation.

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