

# FP7 RadioNet travel expense claim form – WP7

| Destination and reason                     | n for claim        |            |                                 |            |  |
|--|--------------------|------------|---------------------------------|------------|--|
| Travel dates: from                         |                    | to         |                                 |            |  |
| <b>Details of Claima</b>                   | ant                |            |                                 |            |  |
| Title                                      | Surname            |            |                                 |            |  |
| Forenames E-ma                             |                    |            | ul                              |            |  |
| Institute                                  |                    | Department |                                 |            |  |
| Bank Name                                  |                    |            |                                 |            |  |
| Bank Address                               |                    |            |                                 |            |  |
| IBAN (Int. Bank Acco                       | ount Number) code  | *          |                                 |            |  |
| SWIFT (BIC) code*:                         |                    |            |                                 |            |  |
| Account Name                               |                    |            |                                 |            |  |
| Account Number Please enclose originals of |                    |            |                                 | iginals of |  |
| (If not complete, reiml                    | bursement can be a | lelayed)   | bills, receipts, tickets etc.** |            |  |
| Expenses                                   |                    | Currency   | Currency                        | Currency   |  |
| Air Fares                                  |                    |            |                                 |            |  |
| Taxi, Bus and Rail Fares                   |                    |            |                                 |            |  |
| Rental car                                 |                    |            |                                 | •••••      |  |
| Accommodation                              |                    |            |                                 | •••••      |  |
| Meals                                      |                    |            |                                 |            |  |
| Miscellaneous (please                      | specify)           |            |                                 |            |  |
|  |                    |            |                                 |            |  |
| Currency Commission                        | n/costs            |            |                                 |            |  |
|  |                    |            |                                 |            |  |
| Totals                                     |                    |            |                                 |            |  |
| Equivalent (own curre                      | ncy)               |            |                                 |            |  |
|  |                    |            |                                 |            |  |
| Total claimed (own                         | currency)          |            |                                 |            |  |

## I declare that the expenses claimed above are not being reimbursed from any other source

| Signature claimer      | Date |
|------------------------|------|
| RadioNet WP 7 contact: | Date |
| Signature              |      |

*For JIVE office use* Approved:

Budget number 620310-700

Date:

\* fill in <u>both</u> IBAN and SWIFT (BIC) code

\*\* include all receipts: travel (incl. taxi/train), accommodation, meals, etc.





## **Claim procedure**

#### **BEFORE TRAVELING**

1. Before travelling, request e-mail authorisation for the travel (invitation and/or financial support) from the activity leader (see below for list and contact details of project leaders).

In the event of no reply, you may contact the RadioNet3 manager (irottmann@mpifr.de).

#### AFTER THE MEETING

- 2. Determine the correct work package (WP) number to which this travel is to be charged. WP numbers can be found below.
- 3. Download the correct RadioNet3 Travel Claim Form using http://www.radionet-eu.org/travel

**NOTE:** Each WP has its own Travel Claim Form, in which the WP number is already pre-printed. This project number is only applicable to authorised travel for RadioNet3 work package only and it cannot be used for purchases of any sort.

### **IMPORTANT**:

when your institute has paid for (part of) your travel, there are two possibilities:

- a) You fill in the claim form with your own banking information and claim the costs to the *RadioNet3* following the procedure. In this case JIVE pays directly to you and you reimburse your institute
- b) You claim your costs first to your institute and then your institute claim the costs to the *RadioNet3* using the claiming procedure.
- 4. Fill in the form the following information:
  - Destination and reason for claim + dates
  - Your full name, institute name
  - Bank name and address
  - IBAN (International Bank Account Number) code: your bank can provide this information or you can search your bank's website for "IBAN".
  - SWIFT address (BIC Bank Identification Code): your bank can provide this information or you can search your bank's website for "BIC" or "SWIFT

**NOTE**: Without correct bank details your claim cannot be paid.

- Name of the bank account owner (can be different from your name) and account number
- Expenses columns: if applicable, fill in used currencies

**IMPORTANT**: RadioNet3 institutes claim expenses without VAT! (This does not apply to claim from a private person)

- Enclose (original) invoices and receipts with your claim form. All receipts are required, including accommodation, travel cost (including taxis etc.) and meals. No receipts = No reimbursement. *IMPORTANT*: <u>Please keep copy of your originals!</u>
- 6. Sign the form and fill in the date
- Send the form and receipts to the relevant WP leader, who will authorise payment and send it to JIVE. The money will be transferred to your bank account. The sender will be "Joint Institute for VLBI in Europe"

Questions on filling in the form?

Contact the WP leader.

Questions on the status of the claim? → Call +31 (0)521 596524 or e-mail poll@jive.nl