

**FEDERATION OF EUROPEAN SOCIETIES
FOR TROPICAL MEDICINE AND
INTERNATIONAL HEALTH**

**EXPENSE CLAIM
(Travel expenses, reception, general expenses...)**

Name:
Address:
Bank Account Number:
IBAN Number:
BIC / SWIFTcode:
Bank address:

<u>Justification of the costs :</u>	currency	exchange rate	EURO
<u>Travel expenses*</u>			
<u>Hotel expenses*</u>			
<u>Other expenses*</u>			
Total expenses:			

The beneficiary certifies that all expenses are sincere and real for the amount of :
.....**EUROS**

and that no other indemnity has been obtained from other instances to cover these costs.

Signatures(name, date)

The beneficiary

The Treasurer/the President(approval for payment)

*Justificatives, to be annexed as original receipts, bills, etc. (travel with car = 0,2754 EUR/km); this information is necessary for eventual controls; if not completed, the payment cannot be done

Form to be sent back to FESTMIH, c/o Prof. P. Van der Stuyft, Treasurer, email: pvdstuyft@.itg.be, fax +32-3-247.62.58, address: Prince Leopold Institute of Tropical Medicine, Nationalestraat 155, B-2000 Antwerpen, Belgium