

Reimbursement Information (Please read carefully)

Dear Speaker,

For organisational reasons we kindly ask you to **pay the hotel before leaving**. Your expenses will be reimbursed to you after the event, upon receipt of your claim. To ensure a quick and smooth reimbursement of your travel costs we ask you to complete the enclosed form and to observe the following:

- Please send us your **original flight ticket stub**, possibly with the corresponding invoice, and the receipts of the taxis/tube from/to the airports.
- Send us your original hotel bill. Please note that we reimburse only breakfast and overnight costs (a maximum of two nights depending on flight connections) for only one person (not mini-bar, telephone, etc.). Please make sure that <u>EABH e.V.</u> is mentioned on the bill as the invoicee, otherwise the bill will not be reimbursable.
- In order to ensure a quick reimbursement, we require a **print-out of the following bank details provided from your bank** (to be found on your bank account statement or online banking site).



Travel Cost Reimbursement – Claim Form

Name of Issuer*:	(To be printed out and sent to E	and sent to EABH along with original bills and receipts)				
Email*:						
Name of Event*:						
Only the expenses tha number them as indic	t can be confirmed by original bills and ated below):	receipts will be	reimbursed. Wh	en sending them	to <i>EABH</i> , plea	
Receipt Nr.	Type of Expense (Flight, Hotel, Taxi	etc.) Amou	unt Currency	Exchange rate	€ Amount	
			Ad	vanced by <i>EABH</i> :		
		Amount to be paid:				
Date:		Signature	:			
bank (to be found o Bank details for And Republic, Denmark, Liechtenstein, Lithu Romania, San Marir	quick reimbursement, we require a n your bank account statement or o dorra, Albania, Austria, Belgium, Bo Estonia, Finland, France, Georgia, G ania, Luxembourg, Malta, Monaco, no, Serbia, Slovak Republic, Slovenia inia", Turkey, United Kingdom	online banking s osnia and Herze Germany, Gree Montenegro, I	ite). govina, Bulgar ce, Hungary, Io Netherlands, N	ia, Croatia, Cyp celand, Ireland, Iorway, Poland	orus, Czech Italy, Latvia, , Portugal,	
Bank details for oth	er countries					
Name and full addre	ess of account holder*: -*:					
either IBAN Nr. *:						
or Account Nr. * and	J Bank Code*:					

EABH OFFICE

Name and full address of bank*:

Date: EABH Authorization: Project Nr.: