 *TRABCHI project*

*No 2012-1-FI1-ERA10-09684*

Travel and Subsistence Statement

*Please submit expense claims with the tickets to:*

**Elisa Hassinen**

**Lahti University of Applied Sciences**

**Faculty of Business Studies**

**P.O. Box 106**

**FI-15101 Lahti, Finland**

|  |  |
| --- | --- |
| Full Name |  |
| Passport or ID number (attach copy) |  |
| Home Street address |  |
| Town, zip code and Country |  |
| Name of University/ Institution |  |
| Place and Event occurred | **Intensive Programme course in Rome** |
| Dates and time of travel/activity  *(Write here the dates shown on the ticket)* | From: dd/mm/yy To: dd/mm/yy  Hour of Dept: Hour of Arrival(home): |

|  |  |  |
| --- | --- | --- |
| Object of Reimbursement | **Amount /currency** |  |
| **Travel expenses** (the ones that you paid yourself) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

***Please note:***

***A - If the Beneficiary of this reimbursement is a person it is necessary to enclose original tickets and receipts and a readable copy of an identity document (passport, etc.) or the fiscal code*** *( in case it is the first time you are asking for a reimbursement);*

***If the cost of travel is not shown on the ticket, please enclose in addition the corresponding invoice showing the price actually paid.***

***B - If the Beneficiary of this reimbursement is the partner University, it is necessary to enclose:***

***Copies of the tickets, receipts and Invoices ( from the Travel Agency ).***

***On each copy it has to be declared “this is a true copy of the original, which we have and will keep for five years ”.***

***That Declaration has to be signed by the legal representative of the partner organization.***

## **Please reimburse:** **myself my institution - VAT Code:**

**Bank Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank name** |  | | |
| **Street** |  | | |
| **Town, zip code and country** |  | | |
| ****Account holder**** |  | SWIFT |  |
| **IBAN** |  | | |

**I certify that I am the account holder of this account.**

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_