**CLAIM FORM** ONLY machine-completed forms are accepted

For EC Office use only: to be booked under account number

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |  |
| **E-mail** |  | **Phone** |  |
| **IBAN** |  | **BIC** |  |

|  |  |
| --- | --- |
| **Name of event (incl. discipline)** |  |
| **Place of event** |  | **Date** |  |
| **Function at the venue** |  | **№ of days** |  |

|  |  |  |
| --- | --- | --- |
| List of expenses | Amounts in other currency | Amounts in euro |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| List of documents supporting the claim |
|  |
|  |
|  |
|  |

All fields are required.

|  |  |
| --- | --- |
| **Amount to be paid in Euro** | **€** |
| If not all expenses are in euro, the total amount in euro will be calculated by the EC at the time of payment |

The recipient of the fee is himself responsible for any personal taxes and duties associated with this payment.

|  |  |
| --- | --- |
| Place and date  |  |
| Signature (recipient) |  |

A signature by the recipient of the claim is required for electronic submission.

**Approval of payment**

|  |  |
| --- | --- |
| Function |  |
| Place and date  |  |
| Signature |  |

Machine-completed signatures are accepted.