

## REIMBURSEMENT FORM

### Reimbursement policy

#### Eligibility:

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All representatives of patient organisations who have been invited and who attend/speak at the event will be reimbursed.

Anyone who claims reimbursement should fulfil the following conditions without any exception. Please use the reimbursement form which will be provided to claim the reimbursement of your expenses.

#### Costs that will be reimbursed:

##### Travel:

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By plane: cheapest Economic class and most direct route (Please book your ticket as early as possible in order to get good rate).

By train: first class (Eurostar: economy class)

The booking will be done by the participant itself via Egencia (EPF travel agency) and will be charged directly to EPF. A link to the travel agency will be provided by EPF Secretariat with the confirmation of your registration. EPF will not reimburse travel booked with other agency than Egencia.

By car: reimbursement of 0,30€/KM. Please indicate the departure city and number of kilometres in the form. A maximum of 300€ will be reimbursed. The reimbursement will in no case exceed the equivalent first class rail fare.

#### Subsistence allowance

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- **The use of public transport** is recommended. Taxi can be used only in case of public transport not available or in case of reduced mobility. ***Please justify any use of taxis on the reimbursement form without justification we will automatically deduct the expenses.***
- **Food & beverages** which are not included in the seminar package.
- **Hotel**: the night on 21 June 2016 will be covered by EPF with a maximum of 140€/night (breakfast and city tax exclusive). Any additional nights will be at the cost of the participant.

We trust our participants managing their expenses wisely as by a responsible person.

#### Conversion rate:

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Any expenses made in another currency than Euro has to be converted in EURO. The conversion has to be calculated with the official EC website:

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/inforeuro/inforeuro\\_en.cfm](http://ec.europa.eu/budget/contracts_grants/info_contracts/inforeuro/inforeuro_en.cfm)

## Submission:

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Reimbursement form will be submitted by the claimant only after the event.

Please use EPF reimbursement form duly filled to claim. All expenses have to be justified **by original receipts**.

Each receipt will be numbered as a reference. Those are already pre-listed in the form. Please mention that number on the appropriate receipt.

**As money shouldn't prevent you to participate at the event please contact EPF Secretariat before the event for all expenses beyond or out of this policy and attach the written correspondence to the reimbursement form**. If you do not attach EPF approval, your extra expenses will not be reimbursed.

The form will be sent to the EPF secretariat within the month after the event at the latest.

## Contact details:

### European Patients' Forum

Rue du Commerce, 31 – 1000 Brussels, Belgium

Office phone number: +32(2)280 23 34

Email: [info@eu-patient.eu](mailto:info@eu-patient.eu)

[www.eu-patient.eu](http://www.eu-patient.eu)

**Deadline for submission:** 22 July 2016

After that date EPF will not process any reimbursements.

## To attach to the form:

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- Original receipt for the purchase of flight or train ticket (if not purchase directly by EPF)
- Secretariat approval
- Original receipts

**NOTE: Please attach all original receipts and vouchers, and make a copy for your own records first and send to: EPF – rue du Commerce 31 B-1000 Brussels. MANY THANKS**

## REIMBURSEMENT FORM

INFORMATION	
Name of Claimant	
Address of the Claimant	
Email address	
Date of the Meeting	22 June 2016
Title of the Meeting	Patient Empowerment Campaign Roundtable
Account (general, project, ...)	ECC 323
If you took a taxi please justify here (mobility, early or late departure, ...)	

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EXPENSES INCURRED			
Item (please use one row per item, if it is not sufficient insert as many row as you need)	Cost		# receipt
	in local currency	in €uro	(Please list your receipts here with the reference you have inserted on the receipt)
			1
			2
			3
			4
			5
<b>TOTAL</b>			

BANK DETAILS	
Name of account holder	
Currency of the account	
Name of Bank	
Address of Bank	
Account Number	
Sort Code	
IBAN CODE	
SWIFT CODE	

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