MISSION EXPENSES CLAIM FORM

Name:		
Countries visited:		
Lead Auditor:		
Email:		
Departure (1st plane or train)	Date:	Time:
Start of First Meeting	Date:	Time:
End of Last Meeting	Date:	Time:
Time of Arrival (last plane or train)	Date:	Time:
*Note		

1. TRAVEL EXPENDITURE * - Plane, bus, train, taxi

Doc. No. **	Type of Expense	Amount	Currency	Reason for taking taxi

2. HOTEL EXPENDITURE

(accommodation and taxes only)

Doc. No. **	Hotel Name	Amount	Currency	Breakfast incl.	Did you pay for all your own meals? (Yes / No) If not, how many were paid by a third party (please indicate below)?		No. of nights
				Yes/No	Lunch	Dinner	
				Yes/No	Lunch	Dinner	
				Yes/No	Lunch	Dinner	
				Yes/No	Lunch	Dinner	
				Yes/No	Lunch	Dinner	
				Yes/No	Lunch	Dinner	
				Yes/No	Lunch	Dinner	

*Continue on a second sheet if necessa
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3. OTHER EXPENDITURE ***

(e.g. vaccinations, visa, internet, etc. - Justification must be given)

Doc. No. **	Type of Expense	Amount	Currency	Reason

^{**}Original documents must be numbered (1 - n) and presented in chronological order in the column.

CHECKLIST BEFORE YOU SEND YOUR CLAIM:

- Have you signed the claim form?
- Have you attached all originals?
- If you bought your own ticket, we need to see your boarding cards. Have you attached them?
- Have you declared all meals that you did not pay for yourself breakfast, lunch and dinner?
- Are you claiming internet costs? If so, please give the reason for use.
- If you took a taxi, did you give the reason for doing so? In the normal course of events, taxi costs are covered by your daily allowance, and are not reimbursed as a separate expense. However, under certain circumstances such costs may be reimbursed separately, e.g. when travel is taken early in the morning, late at night, where there is a lack of alternative public transport or the length of the mission necessitated heavy luggage etc. If taxis were used for reasons of this nature, this should be indicated on your expenses claim form.

Please return Annex 3 and the originals of documents to:

<u>Please sign and date:</u>

Mr. M. Papini European Commission Grange, Dunsany, Co. Meath, C15 DA39 Ireland

^{**}Original documents must be numbered (1 - n) and presented in chronological order in the column.

^{***}An explanatory note **MUST** state for such items why such payments were necessary.