

ECONOMIC POLICY

Project Code Meeting No Cost Centre

Ident

TRANSACTION REF.

A/C

EXPENSE CLAIM FORM

Please note that your claim must comply with EP's travel guidelines (<http://www.cepr.org/meets/meets2.htm>) and must be submitted within three months of the meeting taking place. We are not able to process claims received after this date.

Please complete this form in **BLOCK CAPITALS**, thank you.

Please note that a separate Expense Claim Form must be completed for each different EP conference that you attend.

First Name Surname

Address (to which your reimbursement should be sent)

Telephone No. Email

Meeting Date Meeting title

<u>Claimed amounts summary</u>	<u>Code</u>	<u>R/U</u>	<u>Circle where relevant</u>	FOR INTERNAL USE ONLY	
				Currency	Payment Currency (conversion)
Travel	<i>Please provide details overleaf</i>	96005		EUR/ USD	
Accommodation	<i>Please provide details overleaf</i>	96005		EUR/ USD	
Other	<input type="text"/>			EUR/ USD	
Total					<input type="text"/>

*CEPR will perform currency conversions based on the rate at the first day of the meeting. Any claim exceeding CEPR maximum reimbursement rates without prior approval will be capped at the maximum.

Payment Method

Payment Type	Bank fees**	Select one
Sterling cheque (UK residents only)	No known fees	
Sterling bank transfer to UK sterling account (UK residents only)	No known fees	
Sterling bank transfer to any other account (UK residents only)	Minimum fee £10	
Euro Cheque	No known fees	
Euro bank transfer to any account	Minimum fee €17	
US dollar cheque	No known fees	

** Please note that bank fees will be deducted from your claim by the bank making the transfer. Note that your receiving bank may add additional charges. We regularly review our banking arrangements and will always seek to keep any charges as low as possible.

Account Details From 1 January 2007, European banks have the right to reject any Euro payments that do not contain a valid International Bank Account number (IBAN) and Bank Identifier Code (BIC). Please ensure you give us these details

Account Holder

or

Make payable to the following institution Sort (UK) / IBIC

Bank Account n° / IBAN

Bank Address

I confirm that the expenses claimed on this form have been actually and necessarily incurred by me, solely for EP business, and that I have not claimed for them from another source.

Signed by claimant Date

Approved by CEPR Date

PLEASE RETURN THIS FORM WITH YOUR TICKETS AND/OR ORIGINAL RECEIPTS TO:
Nadine Clarke, Meetings Assistant, CEPR, 90-98 Goswell Road, London, EC1V 7RR, UK
Tel: (44) 20 7878 2900, Fax: (44) 20 7878 2999

DETAILS OF CLAIM

Please be sure to keep your claims within specified guidelines

For full details of our reimbursement policy see <http://www.cepr.org/meets/meets2.htm> or contact Gabrielle Schachter

1. TRAVEL

Unless previously indicated by or arranged with EP organizers, the following air fare limits will apply:

Within Europe €450, Israel \$760, USA/Canada East Coast \$760, USA/Canada West Coast \$960

Date	From/to	Currency Type	Local Currency Amount
Total air travel (carry forward to summary overleaf)			

2. ACCOMMODATION - HOTEL

Date	City	Currency Type	Local Currency Amount
Total accommodation (carry forward to summary overleaf)			

3. SUBSISTENCE

If lunch or dinner is not provided by the organizers, participants may claim up to a maximum of €15 per lunch and €30 per dinner for the days of the conference

Date	City	Currency Type	Local Currency Amount
Total subsistence (carry forward to summary overleaf)			

Explanatory Notes

This section should be completed when unusual circumstances or expenses require explanation