

Project Code

Cost centre

Meeting No

TRANSACTION REF.

Ident

A/C

EXPENSE CLAIM FORM

Please note that your claim **must comply with CEPR 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. Non UK claims can not be processed without the **IBAN and BIC codes**. Please ensure these are **legible**, otherwise your reimbursement might be delayed significantly.

If possible, please complete this form ELECTRONICALLY.

Please note that a separate Expense Claim Form **must** be completed for each different CEPR conference or workshop that you attend.

First Name _____ Surname _____

Address (to which _____

your reimbursement _____

should be sent) _____

Telephone No. _____ Email _____

Meeting Date _____ Meeting title _____

CLAIMED AMOUNTS SUMMARY

FOR INTERNAL USE ONLY					
		Code	R/U	Original Currency	Payment Currency (conversion)*
Travel	Please provide details overleaf	96005	R		
Accommodation	Please provide details overleaf	96005	R		
Other	Please provide details overleaf	96005	R		
					Total <input type="text"/>

*CEPR will perform currency conversions based on the rate at the first day of the meeting. Any claim exceeding the 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	Approximate fee €21	
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 if you are asking for a bank transfer.

Account Holder _____ or Make payable to the following institution _____

Bank _____ Sort (UK)/ IBIC

Please note: non UK claims cannot be processed if the IBIC code is not included

Account n° / IBAN

Please note: non UK claims cannot be processed if the IBAN code is not included

Bank Address _____

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

Signed by claimant _____ Date _____

Approved by CEPR _____ Date _____

PLEASE EMAIL THIS FORM WITH YOUR (SCANNED) TICKETS AND RECEIPTS TO: meets@cepr.org

OR SEND BY POST/FAX:

The Meetings Team, CEPR, 53-56 Great Sutton Street, London, EC1V 0DG, UK

Tel: (44) 207 183 8801, Fax: (44) 207 183 8820

DETAILS OF CLAIM

Please be sure to keep your claim within the specified guidelines

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

1. TRAVEL

Unless previously indicated by or arranged with CEPR the following travel (air fare + ground transportation) limits will apply:

Within Europe €450, Israel \$760, USA/Canada East Coast \$760, USA/Canada West Coast \$960. Please include receipts to support your claim.

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

2. ACCOMMODATION - HOTEL (if applicable) Please include receipts to support your claim.

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, **provided their overall claim remains within the valid travel limit.** Please include receipts to support your claim.

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.

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