

## TRAVEL REIMBURSEMENT REQUEST

COST Office, 149 avenue Louise, 1050 Brussels, Belgium – Tel: +32 (0)2 533 3800 – Fax: +32 (0)2 533 3890  
E-mail: [office@cost.esf.org](mailto:office@cost.esf.org) – Website: <http://www.cost.esf.org>

<b>1. MEETING DETAILS COST-C26-190209-05342 / Prague / from 19/02/09 to 20/02/09 / days: 2</b>						
Action Number (or equivalent): C26			Science Officer: T. Goger			
Admin Officer: C. Malimban		E-mail: <a href="mailto:cmalimban@cost.esf.org">cmalimban@cost.esf.org</a>		Tel: +32 2 533 38 42		Fax: +32 2 5333890
<b>2. PARTICIPANT</b> – if not yet registered in the COST database, please register prior to the meeting at <a href="http://www.cost.esf.org/e-cost">www.cost.esf.org/e-cost</a>						
FAMILY NAME: SANTIAGO			FORENAME: ALDINA			
DATE OF BIRTH: 05-09-1974			INSTITUTION COUNTRY: PORTUGAL			
E-MAIL: aldina@dec.uc.pt			TEL: 00351239797297			
<b>3. BANK DETAILS</b> – In order to be reimbursed, you must first register your IBAN and SWIFT/BIC code via <a href="http://www.cost.esf.org/e-cost">www.cost.esf.org/e-cost</a>						
NAME OF ACCOUNT HOLDER: ALDINA SANTIAGO						
NAME OF THE BANK: CAIXA GERAL DE DEPÓSITOS						
<b>4. ACCOMMODATION and MEALS</b>						
Travel START (door-to-door)		Date: 19-02-2009		Time:		
Travel END (door-to-door)		Date: 21-02-2009		Time: 22:00		
<b>4a. HOTEL</b> Total number of hotel nights (fixed rate of €120/night) - no receipt required				Number: 2		Total (€): 240€
<b>4b. MEALS</b> - entered by the COST Office (fixed rate of €20/meal - no receipt required)						
<b>5. TRAVEL EXPENSES</b>						
PLANE, TRAIN, Long Distance BUS, etc.	From	To	To (Return)	Amount	Currency	€
PLANE	LISBON	PRAHA	LISBON	362,98	€	362,98
Continue on separate sheet if required						
<b>5b. CAR</b> (including rented car)		From: COIMBRA	To: LISBON	To (return): COIMBRA		
Proof of distance must be attached <input checked="" type="checkbox"/> (WILL BE SENDED BY MAIL)				Km (both ways): 400Km		
Name of additional COST passenger: —						
Reimbursement fixed rate 0,20 € / km or 0,30 € / km with additional passenger				Total (€): 80€		
<b>5c. LOCAL TRANSPORT</b> - For local transport expenses no receipts are required under a total of €25 (single & return). Above €25 (in total for the entire trip) add detailed justification & receipts.						25€
<b>5d. TAXI</b> – Taxi fares are only reimbursed where no reasonable public transport is available and are limited to €40 in total for the entire trip. Receipts are always required.				Amount	Currency	€
<b>6. OTHER / REMARKS:</b>						
THE TICKETS AND PROOFS WILL BE SENDED BY MAIL DURING THE NEXT WEEK.						
I certify that this travel claim is a true statement of travel expenses incurred by me. I have not been and will not be reimbursed for these expenses from any other source nor have I included any expenses paid or to be paid directly from another source. I am aware that my home institution may be informed about this payment. I have read the rules for travel reimbursement request and agree to them.						
Date: 20-02-2009			PARTICIPANT SIGNATURE: ALDINA SANTIAGO			

FOR COST OFFICE USE

Form and documents checked and approved

Date:

A.O.: