

FEI EXPENSE CLAIM & PAYMENT FORM



ROLE (please specify your function)

FAMILY NAME	<input type="text"/>	ID	<input type="text"/>
FIRST NAME	<input type="text"/>	NF	<input type="text"/>
ADDRESS	<input type="text"/>		
VENUE/EVENT NAME	<input type="text"/>		
EVENT DATES	<input type="text"/>		

DAILY FEES		Currency	Amount	Leave blank
Days of work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Days of travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRAVEL EXPENSES		Currency	Amount	Leave blank
Private car (CHF 0,83/km)	TOTAL OF KM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other transport (please attach receipts)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOMODATION EXPENSES		Currency	Amount	Leave blank
Number of nights (please attach receipts)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER COSTS (please attach receipts)		Currency	Amount	Leave blank
Please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL CLAIMED FOR REIMBURSEMENT	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BANK TRANSFER DETAILS

IS THERE NEW INFORMATION OR CHANGES IN THE BANK DETAILS?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

*To fill out **only** if not already communicated previously or in case of an account change*

Bank Name	<input type="text"/>	Swift	<input type="text"/>
Bank Address	<input type="text"/>		
Account No.	<input type="text"/>		
IBAN	<input type="text"/>		
Beneficiary	<input type="text"/>		

Discipline OEP To be invoiced to NF

Please return this form with supporting documents within 30 days.

ACCOUNT	CODE	CURRENCY	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>