

North Western Waters Advisory Council

APPLICATION FOR REIMBURSEMENT

To be completed and returned to the: Secretary of the NWWAC, C/O BIM, Crofton Road, Dun Laoghaire, Co Dublin, Ireland

THIS DOCUMENT IS VALID ONLY IF SIGNED BY THE REPRESENTATIVE OF THE MEMBER-ORGANISATION WHO ATTENDED THE MEETING

SURNAME: _____ **NAME:** _____

ORGANISATION: _____

ADDRESS: _____

Additional contact details for any follow up needed on this claim (ie secretary, accounts dept, etc)

NAME: _____ **PHONE NUMBER or EMAIL** _____

MEETING DETAILS

Meeting Date _____ Meeting Time _____ Meeting Place _____

Type of Meeting:

General Assembly Executive Committee WG1 WG2 WG3 WG4

Focus Group* Commission* ICES* Other*

* For those denoted with an asterix please give the name of the meeting/topic covered _____

TRAVEL DETAILS

Arrival date _____ Departure date _____

Air (Economy class) ¹ Cost _____ Euro Sterling

Train ¹ Cost _____ Euro Sterling

Boat ¹ Cost _____ Euro Sterling

Bus ¹ Cost _____ Euro Sterling

Parking-Toll ¹ Cost _____ Euro Sterling

*** PLEASE PROVIDE ORIGINAL RECEIPTS FOR THIS CLAIM TAXI FARES WILL NOT BE REIMBURSED**

Private car Registration number: _____

From: _____ To: _____ Distance (km) _____

From: _____ To: _____ Distance (km) _____

SUBSISTENCE ALLOWANCE

Application of the per diem system (192 €/night stayed at the hotel)

Number of Nights Stayed _____ Total due (€192 x no. of nights) _____ Invoice attached *

***PLEASE PROVIDE ORIGINAL RECEIPT FOR HOTEL TO CLAIM PERDIEM RATE OF €192**

IF your organisation needs to hold the original of the invoice, please send a copy stamped by your organisation as "True Copy".

TOTAL COST CLAIMED _____ Euro Sterling

I certify that these particulars are accurate and that I have not received and shall not receive similar reimbursement from any other organisation or individual in respect of the same travel or subsistence allowance

DATE / / SIGNATURE OF EXPERT: _____

MEETING SECRETARY: I certify that these particulars are accurate, that this person attended the meeting and they should be reimbursed as detailed above (for use of the NWWAC Secretariat only)

Total amount to be transferred: _____ Date checked and authorised for Payment _____

Name: _____

DATE / / SIGNATURE OF SECRETARY: _____

PAYMENT DETAILS (for use of the NWWAC Secretariat only)

Date Payment Made _____ Reference number of Payment _____

Total Transaction Amount _____ Account Paid _____

Signature: _____

BANK DETAILS

Please fill this out if you are a new member of the NWWAC or wish to change the bank account to where moneys are paid

Name of the Bank Account _____

Address of account holder _____

Account No _____ Sort Code _____

IBAN Number _____ Swift/BIC _____

Name of Bank _____

Address of Bank _____

BANK STAMP + SIGNATURE BANK REPRESENTATIVE (*)
BOTH OBLIGATORY

DATE+SIGNATURE ACCOUNT HOLDER
OBLIGATORY

(*) Or a document issued by the bank and containing the following data : the number and holder of the bank account (account statement, proof of opening of the account).